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CHEMIST & DRUGGIST

INCORPORATING RETAIL CHEMIST

Franks report 'Firmly on PSNC's side': Panel finds contractors extra £36m for 1976-79

70p charge: 6m script cut?

Sixty years of Chelsea College

CHEMIST & DRUGGIST

Incorporating Retail Chemist

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COMMENT

Vindication

"We have no hesitation in taking the side of the PSNC". That, surely, is one of the most telling sentences in the report of the Franks panel of inquiry into chemists' NHS remuneration, the main features of which are covered in full starting on p732. The quotation is, of course, taken out of context and refers only to the extent of the "risk" element in dispensing, but it could almost have been written into the majority of the panel's findings.

Rarely can an independent party have come to arbitrate between two "specialist" parties and found for one side so conclusively. Indeed, the profession's cries from the heart over many years have been heard, tested, and found in large measure to be fully justified. And if on occasion the profession has gone too far, asked for too much or for the wrong thing, the panel is sympathetic because on several issues it finds that the form of the contract and the manner of negotiation have played a part in generating a "sense of frustration" amongst individual pharmacists. In fact, the panel itself did not find the contract easy to cope with, and has drawn up its own "description of the system of remuneration", which is published as an appendix to the report.

But the panel *has* come to terms with the contractual provisions and has found that in many respects they do not play fair by retail pharmacy—at least in the way they are interpreted and remunerated by the Department of Health. If the panel could come to that conclusion only six months after starting from scratch, why then was the former Minister for Health, Mr Roland Moyle, moved to write to MPs in June 1978 stating that NHS remuneration was calculated on "very favourable" terms? The arguments have not changed—PSNC's evidence to the panel is understood to have been no more than a collation and updating of everything they have told the DHSS since 1976! It would appear, then, that there are none so deaf as those who do not want to hear.

The next question, of course, relates to the state of the Conservative Government's auditory system. Already the Secretary of State, Mr Patrick Jenkin, has dropped hints: "There is no immediate hope of extra money for the service as a whole", he warned the Exeter BP Conference. But it is not "extra" money that pharmacy is looking for —it is money that contractors *have not had*. Money that according to the DHSS viewpoint they *have* had, and which the panel says they *should* have.

After the support his Party gave to pharmacy in the year preceding the General Election, Mr Jenkin has a clear moral duty to press for any "underfunding" in his Department's budget to be corrected by the Treasury, and to pay chemists their due as quickly as possible.

Naturally, contractors are looking for cash, but there is a fly in the ointment, namely discounting. The panel, which has found so much in favour of pharmacy, has also indicated that much of what is due may already have been paid through wholesaler discounts. This allows the DHSS its one and only remaining excuse for procrastination, and we must expect it to be used to the full. However, the DHSS should also note that the panel makes it clear that discounting should be regarded as a separate issue, to be resolved through a new inquiry into the facts.

All in all, the report has much to offer pharmacy, not least the prospect of a Review Body to prevent the profession having ever again to beat its head against an obstinate political brick wall.

PSNC expects 6m cut in script numbers

The Pharmaceutical Services Negotiating Committee has forecast a six million cut in prescription numbers following the rises in charges.

The 1979 prescription numbers were forecast at 331m and at 325m for 1980, Mr David Sharpe, PSNC chairman, revealed at a Press conference on the Franks panel report this week.

The prescription charges are to be raised to 70p on April 1, 1980 under the Government's public spending cuts proposal and they were raised from 20p to 45p in July. The 70p charge represents roughly the same proportion of the total cost of the prescriptions as 20p did when it was introduced in 1971, the Government claims.

Pharmacy criticises

The Pharmaceutical Society, the National Pharmaceutical Association and the Pharmaceutical Services Negotiating Committee have once again criticised the proposed increase.

The Society's president, Mr David Sharpe, in a statement to the Press said the increase would impose an additional barrier between the patient and treatment: "It will hit particularly hard at those on low, fixed incomes who are often those in greatest need."

Mr Sharpe advises patients on long term treatments to apply for prepayment certificates which will cost £12 for 12 months and £4.50 for four months.

The NPA and PSNC are also opposed to the increase as a "tax on sickness." The exact effect on prescription numbers of the July increase in charges is not yet known.

The Department of Health estimates that the April increase will contribute an extra £33 million in 1980-81 to the health services in England. The present exemptions will continue. The Secretary for Social Services, Mr Patrick Jenkin, confirmed last week that spending on the NHS during the coming year would remain at the previously planned level, that is, an increase of about 3 per cent in real terms for the two years after 1978-79. The net cost of the NHS will rise to £7.904 million, about 11 per cent of the total Government net expenditure.

Wholly defensible

When asked by Mr Stanley Orme, MP, Shadow Spokesman on Health, how the Government could reconcile the increased prescription charges with its promises during the election, Mr John Biffen, Chief Secretary to the Treasury, replied in a Commons written answer that the charge was "wholly defensible" given the wide range of exemptions.

Contractors case upheld by the Franks panel

"Firmly on our side". That has been the reaction of the Pharmaceutical Services Negotiating Committee chairman, Mr David Sharpe, to the "first stage report of the independent panel of inquiry into NHS contractors' remuneration.

Details of the report begin on p734, but the following are among the main recommendations: —

- ☐ A return on capital employed at 2½ per cent above clearing bank base rates to cover interest costs.
- ☐ A "pure profit" margin of 2 per cent.
- ☐ Back-dating of the above formula to March 1976.
- ☐ Inquiry to establish a fixed capital component reflecting present day conditions.
- ☐ A new inquiry into discounting—including a study of vertically integrated groups.
- ☐ An independent review body and single annual regulations with no carrying forward of under- and over-payments.

The recommendations, if accepted, would put an additional £36.45 million into the balance sheet for the years 1976-79, and PSNC forecasts that £35m would become available in 1980 as a combined result of the panel's report, the higher notional salary already agreed, and normal updating of indices. Among other alternatives, this could permit (if the DHSS agreed) payment of

- ☐ A 32p professional fee.
- ☐ A £2,000 basic practice allowance.

A complete vindication of PSNC's claims

The Pharmaceutical Services Negotiating Committee regards the report of the independent panel, made public this week, as a complete vindication of the Committee's efforts and claims for higher remuneration. For the first time, said Mr David Sharpe, PSNC chairman, at a Press conference in London this week, an independent body had reviewed the arguments of PSNC and the Department of Health, and was "very firmly on our side".

According to a spokesperson on Tuesday the report was still being considered at the Department of Health and no detailed response could be given.

Pros and cons

Turning to the details of the report, Mr Sharpe set out the pros and cons. A major pro was the panel's acceptability of the contractor's risk. The Department had claimed that NHS dispensing was a risk-free activity, but the panel recognised PSNC's contention that individual pharmacists were exposed to much risk.

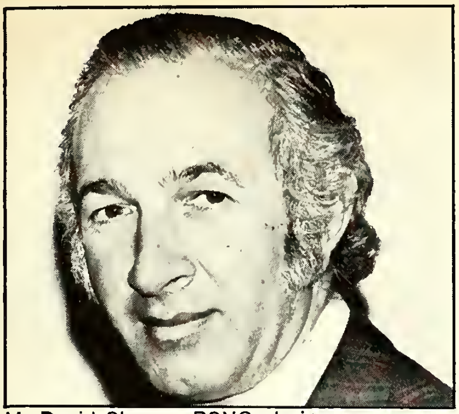
A second pro was the report's conclusion that with present interest rate levels, the remuneration formula yields "no profit at all". PSNC, Mr Sharpe said, had stressed that to the Department on many occasions. The panel also acknowledged that return on capital was not a suitable measure of profitability.

The panel had also pointed out the anomaly that the majority of pharmacies had to finance "from their by no means over-generous remuneration" the Essential Small Pharmacies Scheme. The panel felt that if the scheme was essential in the public interest, the cost shall be borne by public funds. Mr Sharpe claimed the panel had agreed with almost every point put to them by PSNC.

Two of the three main cons were the rejection of the Review Board for Government Contracts formula and that there was to be no alteration in price change procedure. The major con however was the recommendation of a wholesaler discount inquiry.

The panel had estimated that an average-sized independent chemist should be able to obtain an average rate of discount of about 5 per cent. However, only 1.1 per cent discount was assumed for remuneration purposes, leaving an over-re-imbursement of about 4 per cent (£26 million a year).

Mr Sharpe pointed out that the discounts were not uniform, either to individual contractors or geographically. Contractors in rural areas may not get a discount because of few deliveries and a monopoly supplier. These contractors would need to be protected, he said.



Mr David Sharpe, PSNC chairman

What extra money will there be?

If the panel's recommendations were implemented, together with the increase in notional salary recently awarded, there would be an extra £35 million injected into the left hand side of the 1980 balance sheet, Mr Sharpe said. In addition, the retrospection to 1976 would bring in £36m.

The £35m results from an £11m increase in labour costs from £108m in 1979 to £119m (a 10 per cent update), a £4m rise in overheads from £35m to £39m, and about £16m from the 2 per cent profit on turnover recommendation after adjusting for an increase in the discount scale and a drop in prescription numbers due to increased charges.

Under the present 16 per cent on capital employed basis the 1980 profit would be £25m. Using the 2½ per cent above bank base rates and 2 per cent on turnover this becomes £41m, producing the extra £16m. The prescription numbers are expected to drop by 6 million, from 331m to 325m, because of increased charges.

The discounts could have a considerable effect, however, warned Mr Alan Smith, PSNC chief executive, also present at the conference. If the Government insisted on only a 3 per cent increase in discount scale (the panel says contractors are getting 5 per cent) the amount taken away could be roughly equal to the 2 per cent profit amount. The 2½ per cent above bank rates would yield roughly the 16 per cent on capital employed current profit, that is, "back to square one", Mr Smith stressed.

The £35m could be paid out by increasing the professional fee to about 32p (£24½m) and introducing a basic practice allowance of £2,000 per contractor (£18½m) equivalent to about 6p a script. The on-cost would have to be reduced from the present 11.32 per cent to 10½ per cent to compensate for the excess. At the same time there would be an adjustment to remove the on-cost anomaly whereby group 2 suffers slightly. Premises allowance has still to be negotiated, Mr Smith said, and will be retrospective to 1977.

The £36m retrospective money was still being considered by PSNC, Mr Sharpe said. However, there were three possible ways to pay it out—a lump sum related to the number of prescriptions dispensed in 1979 (5p would cost £16½m, 10p, £33m); an extra 10p on dispensing fee for the first six months of 1980; an extra 5 per cent on on-cost for the first six months of 1980 (£17m) or for the year (£34m). The first method would introduce an element of payment for those out of contract. The second two would not be given to those out of contract in 1980.

An advantage of adopting one of the 1980 methods was that the expected downturns in prescription numbers could be offset, Mr Smith said. To get immediate benefit to contractors, none of the retrospective money would be held back for contingency purposes.

Mr Sharpe pointed out that PSNC cannot insist on any of the methods—they were all subject to approval by the Department. The Department could impose its own choice, however. Mr Smith thought PSNC would put the proposals to the LPC conference if there was disagreement between PSNC and the Department. Mr Smith pointed out that under constitutional law the Secretaries of State had power to impose their will on all professions under contract.

Mr Sharpe has asked for a meeting with Dr Gerard Vaughan, Minister of Health, to discuss the implementation of the report. He thought the earliest date for implementation would be January 1, 1980. On November 14, PSNC is meeting to make its final decisions and the meeting with the Minister would be arranged as soon after this as possible, PSNC has agreed to abide by the report.

The panel members have offered to look at a revised contract at a later stage although they have made no recommendations on this in the report.

Ostomy broken bulk evidence sought

The Pharmaceutical Services Negotiating Committee is seeking evidence to support "broken bulk" claims being extended to include ostomy appliances.

At present there is no provision for "broken bulk" claims for these appliances when the pack size ordered by the prescriber does not correspond with a manufacturer's original pack. The PSNC's October *NHS Newsletter* includes a form on which contractors are asked to list examples of the "parts" of colostomy, ileostomy and urostomy appliances which are ordered in quantities not coinciding with original packs and which the manufacturer or wholesaler will supply only in original packs. The evidence will be presented to the Department of Health.

The *Newsletter* also outlines the new additional professional fee for diluted preparations which have to be supplied in more than one container. The Dumas vault cap, Prentif cavity rim cervical cap and Vimule cap contraceptive devices are included in the Drug Tariff from November 1.

Terms of reference

The independent panel was established in April, 1979 by agreement between the Department of Health and the Pharmaceutical Services Negotiating Committee. Its task is to resolve a dispute between the Department and PSNC concerning the remuneration of chemist contractors for their NHS dispensing work. The panel's agreed terms of reference were:

"To consider the general criteria which should determine the profit payable to chemist contractors for the provision of Part II Pharmaceutical Services under the National Health Service Act, 1977 and in particular consider: —

i) whether the rate of return on capital employed in NHS dispensing is appropriate, and if not suggest what it should be;

ii) whether the profit should be determined on some basis other than capital employed;

and to make recommendations."

Members of the panel are John A. Franks (chairman), Mildred Head and James Scott.

The dispute originated in a claim for an increase in profit margins, submitted by PSNC to the Department in March, 1976. This claim was not accepted by the Department, and the matter has remained in dispute between the parties for more than three years.

It was agreed by the two parties that the panel should not be asked to determine the notional salary for the working proprietor of a pharmacy or the notional rent for pharmacy premises.

Notwithstanding the restricted terms of reference, PSNC hoped the panel would not be constrained to considering only the profit element, but would undertake a far more fundamental and comprehensive review of the whole remuneration system.

Different interpretations

The far-reaching contentions by PSNC suggested to the panel that the two parties might not wholly agree the correct interpretation of the terms of reference. At a meeting of the panel and both sides on June 4, it was agreed that the panel should divide the work into two stages. The first stage should deal with profit margin, working within the structure of the present remuneration system. At that stage, however, the panel should be free to express any views concerning the functioning of the present system.

The second stage might involve a more detailed review of elements of the system other than the profit element, with recommendations for such changes considered appropriate. The details of the second stage would be discussed and agreed after receipt of the first report.

Independent panel reports on 'a fair profit margin'

In the following pages, we reproduce in full the main sections of the first-stage report from the independent panel of inquiry into NHS contractors' remuneration, chaired by Mr John Franks.

The first part is entitled "A fair profit margin", with introductory paragraphs outlining how the panel came to be set up and its terms of reference (see p733) The report then goes on: —

Capital employed

We have found it necessary to tackle first the question whether capital employed is an appropriate basis for determining the profit margin for inclusion in the remuneration formula for NHS dispensing.

The present profit margin, based on a 16 per cent rate of return on capital, is of a somewhat hybrid character. In part, it represents a cost, the interest cost that chemists incur on borrowings to finance their working capital—interest costs being excluded from the overheads that are taken into account elsewhere in the remuneration formula. In part, it represents "pure profit", a term that we define as the income that remains after all costs have been met. We think it necessary to draw this distinction between the two functions of the profit margin since, while capital employed is the natural basis for calculating an appropriate reimbursement of interest costs, it is not necessarily the right basis for determining the amount of pure profit.

"Capital is not the most important factor in the business of a retail chemist . . . The retail chemist's business relies almost entirely on human resources, to provide the professional skills and high quality service which the public expects".

We are aware that return on capital is very widely used as a means of measuring profitability and of setting standards of profit throughout industry in both the private and the public sectors. However, we have formed the view that it is not a suitable measure to use for this purpose in the particular circumstances of NHS dispensing, for the following reasons: -

a) Capital is not the most important factor in the business of a retail chemist. The situation is totally different from that of manufacturing industry, where capital plays a key role—being invested on a long term basis to increase productive capacity, to produce economies of cost or to develop products or markets. The retail chemist's business relies almost entirely on human resources, to provide the professional skills and high quality service which the public expects. The role of capital is little more than to finance the time lag between paying for drugs and receiving the corresponding reimbursement from the Family Practitioner Committee.

b) The role of capital in the retail chemists' remuneration formula is further diminished by the treatment accorded to property costs. It is assumed that all premises are rented and a rental cost is included in the overheads; therefore no capital value is attributed to premises in the computation of capital employed. Capital defined in this way comes to a relatively small figure—the overall average NHS capital for 1979 is estimated to be of the order of £16,000 per pharmacy, as compared with the average NHS turnover of some £90,000 per pharmacy. The ratio of turnover to capital —nearly 6 to 1—is very high by the standards of other types of business.

"With interest rates now at even higher levels, the [profit] formula yields *no profit at all*".

c) To a large extent the chemist's requirement for capital is outside his control. It is affected by three important factors—first, the promptness with which the Prescription Pricing Authority and Family Practitioner Committee pay his account; secondly, the credit terms allowed by the major pharmaceutical wholesalers; and thirdly, the quality of service provided by wholesalers, which has a major impact upon his stockholding requirements. If profits are geared to capital employed, then anomalies are bound to result, as the PSNC have vociferously contended in relation both to the reduction in the stockholding period from 11 weeks to 7 weeks which was implemented in the remuneration formula in 1976, and to the effect of the recent increase in prescription charges. To take a further example, if the Prescription Pricing Authority were to change its procedures so that chemists were effectively reimbursed one month sooner, the total working capital component would be halved; whilst it would be quite proper to take this change into account in calculating the interest cost element in the remuneration formula, it would, in our view, be quite wrong for such a change to affect the pure profit receivable by chemists.

d) Since interest rates fluctuate widely over the years, the use of a single constant element to represent both interest and pure profit produces violent fluctuations in the profit component. We estimate that between 1972 and 1978 the pure profit component has varied between approximately 7½ per cent of capital employed and 1½ per cent of capital employed, as interest rates (taking annual averages) have varied from about 8½ per cent to 14½ per cent. With interest rates now at even higher levels, the formula yields *no profit at all*. We doubt whether these variations in profitability either were intended or could be justified.

We have therefore come to the conclusion that separate treatment should be accorded to the interest cost component and the pure profit component of the present profit margin, and that as regards the latter it is necessary to seek a more satisfactory basis than capital employed. Working from this premise, we now proceed to develop our recommendations for these two components, taking first the interest component.

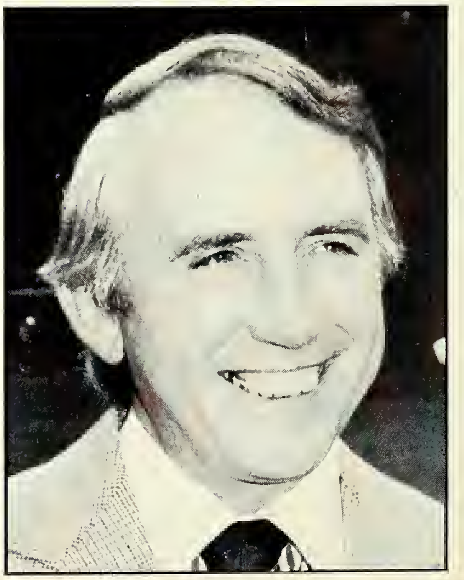
Reimbursement of interest costs

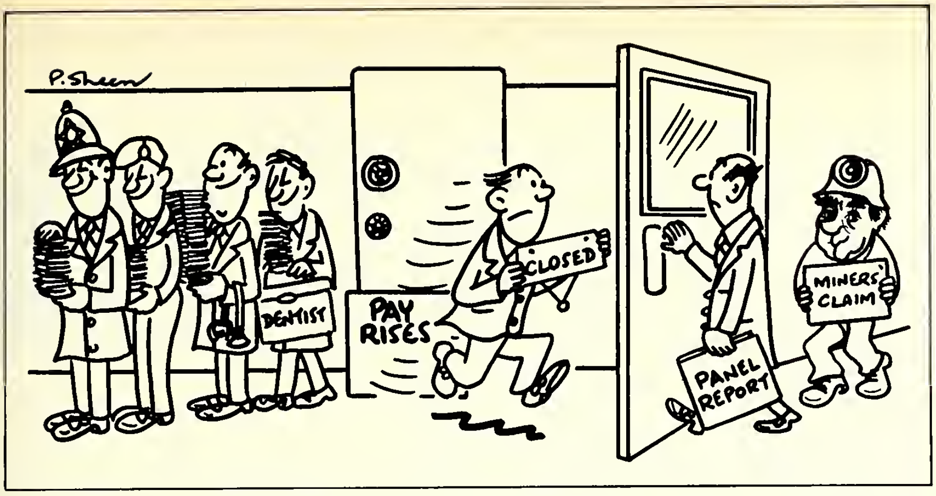
As stated above, we consider that capital employed is the only sensible basis for determining the appropriate interest cost component, and we have no reason to recommend major changes in the present methods of calculating capital employed for this purpose. It should, however, be accepted by the parties that the calculation of capital should be kept regularly under review so that changes in the factors which govern the requirement for working capital can be promptly taken into account.

As regards the less significant component of capital which represents fixtures, fittings and equipment, some particular criticisms have been advanced by the PSNC. The calculation does not, they contend, reflect present day conditions. Some of the factors used in apportioning the value of certain items of equipment do not correspond with the present day composition of a chemist's business.

Some of the allocation factors were arbitrary even in 1970 when the calculation was first made and their relevance to current conditions is very question-

Alan Smith, PSNC chief executive





able. Some items of equipment which are now in common use (such as electronic tablet counters) are not taken into account at all, and the capital sum has not been increased, as it should have been, to reflect the increase that has taken place since 1970 in average shop size.

In view of these criticisms, it seems to us that it is now high time for a joint study to be conducted in order to arrive at a fixed capital element which reflects present conditions (albeit expressed according to the historic cost accounting convention). We recommend that such a study should be conducted.

As regards the rate of interest, the simple answer, which we favour, is to use as a yardstick the rate which would be paid to obtain finance from a bank.

We appreciate that to a certain extent the interest element will be a notional rather than actual cost, since pharmacists may use some of their own funds to finance working capital. To this extent a slightly lower rate might be appropriate, representing the yield that could be obtained on investing these funds in other ways. However, we do not think that it would be right to take this factor into account, for two reasons. First since the value of premises is excluded from capital employed, it is implicitly assumed that any funds that a pharmacist may have available to invest in his business be used first to finance ownership of premises, leaving working capital to be financed by outside sources. Secondly, in recent years pharmacists, in common with other businesses, have had to find additional funds to finance the increase in their working capital that has resulted from inflation.

"We recommend that the cost of borrowing, allowing a margin of, say 2½ percentage points above clearing bank base rates, should be used as the yardstick for the interest rate".

The latest estimate of capital employed is more than double the figure assumed in 1973 and the increase would have been even greater had the assumed stockholding period not been reduced in 1976. It is likely that the major part of this increase in working capital has had to be financed by borrowing, rather than by retention of earnings.

We recommend therefore that the cost of borrowing, allowing a margin of, say, 2½ percentage points above clearing bank base rates, should be used as the yardstick for the interest rate. The rate used for any particular year should be the average rate applying during that year; if our proposals below concerning an annual review of the remuneration formula were adopted, the interest rate would be forecast at the commencement of the year, and could well be based upon the rates quoted for one year loans.

"Pure profit" element

We have already expressed our view that capital employed is too narrow, unimportant and capricious a base for calculating the pure profit element. We have considered two alternatives: first, total cost; and secondly, "value-added", defined here as total cost less the cost of purchased materials, The rate of profit would, of course, have to be considerably higher if the narrower value-added base were to be chosen.

The advantages of value-added as a base would be that the profit element would be insulated from the special factors which influence the rate of inflation of drug costs and would be less directly affected by changes in prescription numbers. On the other hand, total cost as a base has the merits of greater simplicity and intelligibility and of providing a broader base. It also corresponds with the exposure to risk of an individual pharmacist, since the pharmacist is not guaranteed reimbursement of any of his expenses—both materials costs and overheads being at risk. On balance, we believe that total cost will provide the most satisfactory base.

We turn next to the question of what percentage should be applied to total cost to produce a fair profit margin. We have approached this question in two ways: first, by establishing what rate of profit, calculated in the same way, is earned by businesses engaged in reasonably comparable activities; and secondly, by considering what the 16 per cent rate of return on capital, which was agreed by the PSNC and the Department to be reasonable in 1972, yielded in terms of a pure profit margin in the circumstances of that time.

Taking first the subject of comparable

Continued on p738

Summary

What general criteria should determine the profit margin?

i) The prevailing rates of interest should be an important criterion, since the major part of capital employed is likely to be financed by borrowing. Therefore, there should be a separate interest cost component.

ii) Recognition to be given to the risks borne by the individual pharmacist, and the formula should contain a pure profit margin, comparable to the average earned by retailers generally.

Is the rate of return on capital employed appropriate?

The present 16 per cent rate of return is not appropriate. With interest rates at their present levels it is not sufficient to cover interest costs, let alone yield a profit.

Should the profit be determined on some basis other than capital employed?

The interest cost element should continue to be based upon capital employed, but the pure profit margin should be based upon total cost.

The present profit margin of 16 per cent of capital employed should be replaced by: —

a) an interest cost element, related to capital employed and calculated at a rate of interest 2½ percentage points above clearing bank base rates; and

b) a pure-profit margin of 2 per cent of total cost.

This revision should be retrospective to March 1976.

There should be a joint study of pharmacists' investment in fixtures, fitings and equipment, to arrive at a fixed capital component reflecting present day condition; and methods of calculating working capital should be kept under regular review.

Other issues

Contractors may be obtaining discounts considerably higher than the average assumed in the remuneration formula.

There should be a fresh inquiry into discounts and terms of trade (including the position of vertically integrated groups), leading to a revised scale for the adjustment factor. Pending the results, the two parties should take account of recent developments in wholesale discounts when negotiating changes in professional fee and on-cost allowance.

Overpayments or underpayments revealed by the balance sheet should no longer be carried forward and adjusted in subsequent years.

There should be a single annual negotiation, at the commencement of each year, at which all relevant factors should be taken into account.

There should be an independent review body to direct periodic cost inquiries, and to undertake annual reviews of the remuneration formula.

PHILIPS

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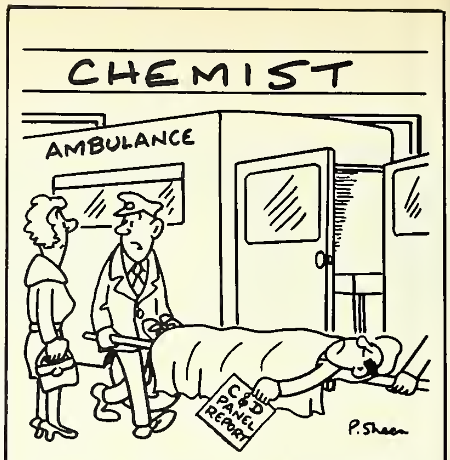
Franks panel report
Continued from p735

Retailing offers profit guidance



"The shock was too much for him".

rates of profit, it has been strongly contended on behalf of the Department that it is impossible to identify activities that are sufficiently comparable with NHS dispensing to form a satisfactory yardstick. The Department acknowledge that dispensing is more akin to retailing than to other sectors such as wholesaling or manufacturing, but they contend that the profitability of retailing generally does not provide any reliable guidance because it covers too broad a spectrum of businesses with widely differing characteristics, and that no individual branch of retailing bears sufficient similarity to NHS dispensing to provide a satisfactory yardstick.

We accept that it would be impossible to find another business activity which corresponded precisely with NHS dispensing in all its characteristics.

Even if this were to be possible, it is open to serious doubt whether this would not constitute too narrow and unreliable a standard for the profit margin. On the other hand, we do believe that the retailing sector as a whole has some value in this context since the characteristics of NHS dispensing are in many respects the same as those of retailing.

"It will be no comfort to one individual to be told that he is in a non-risk situation because any losses which he suffers will be matched by extra profits made by others".

In contrast to the Department, we consider that the broad scope and diversity provided by the statistics for retailing as a whole are an advantage rather than a drawback. We also consider that the objections to using the retailing sector as an analogue are largely met by our proposals that reimbursement of interest costs should be dealt with separately, thus overcoming the comparability problems caused by differences in capital usage.

The principal reason why the Department believe that it would be wrong to give a profit margin on NHS dispensing comparable with that earned in retail trade is that there is an important difference between the degree of risk attaching to the two activities. They contend that, in contrast to the hazardous nature of normal retail trade, NHS dispensing is a risk-free activity in which contractors are protected from loss and are guaranteed reimbursement of all their costs together with an assured margin of profit.

The Department are here referring to the position of all chemist contractors taken together and they concede that there is some risk to the capital invested by individual pharmacists. But they contend that the profit in the overall NHS contract must be determined in the light of the risk to which the overall capital investment is subjected and not that incurred by individual pharmacists.

The PSNC's view of the matter is very different. The fact that harmacists' remuneration is negotiated collectively is, they contend, irrelevant to the question of risk. It is the position of individual pharmacists that must be considered and they are exposed to very considerable risk. There is no guaranteed reimbursement of costs so far as an individual is concerned, and the individual's business may be adversely affected through the actions of competitors, medical practitioners, planning authorities and central government.

This is an important issue and one on which there is a clear difference of view between the two parties. We have no hesitation in taking the side of the PSNC. It is convenient to both the Department and the chemist contractors to conduct their negotiations over remuneration on a collective basis; but the Department is not in fact dealing with a single contractor but with a large number of separate individuals.

It will be no comfort to one individual to be told that he is in a non-risk situation because any loss which he suffers will be matched by extra profits made by others. We firmly believe that it is the risks to which the individual contractor is exposed, rather than the risks which a hypothetical national corporate chemist would suffer, which are relevant to the question of profit. And we are persuaded that these risks are comparable to those in the field of retailing generally.

We have concluded therefore that the profitability of general retailing offers useful guidance as to what would be a fair margin of profit for chemist contractors within the NHS. The next problem is to ascertain what the profits of retailers have been, expressed on the same basis as we recommend should be used in the NHS contract. Three principal adjustments have to be made to the accounts of retailers in order to achieve comparability: first, all interest costs charged in companies' accounts must be added back to the reported profits; secondly, a notional current market rent charge in respect of owned premises must be deducted from profits; and thirdly, a notional interest charge in respect of all other elements of capital employed must also be deducted from profits. The most problematical part of the calculation is the estimation of a notional rent charge; we have made the best estimate that we can, taking into account the prevailing average rental yields on retail property.

We have in this way calculated the pure profit margin for a sample of 22 major retailers in 1978. The sample comprised all the major listed retailing companies which have no significant non-retailing activities and which have declared the current value of their properties (this being an essential ingredient of the calculation of a notional rent charge). We have compared this group of companies in a variety of ways with the data published by the Department of Trade concerning both quoted and unquoted UK retailing companies and are satisfied that our sample is reasonably representative of retailers as a whole.

"We believe that it would be reasonable to accept a standard of 2 per cent of total cost for the pure profit margin on NHS dispensing".

This calculation indicates a weighted average pure profit margin for 1978 of 2.1 per cent of total cost. Even making allowance for the degree of estimation inherent in this calculation, we believe that it provides a useful indication that a pure profit margin in the region of 2 per cent of total cost is a reasonable reflection of the recent average profitability of retailing generally.

Our second approach to determining a fair profit margin was to work out what the 16 per cent rate of return on capital, which was agreed by both sides to be fair in 1972, produced at that time in terms of a pure profit margin. Our calculations for the years 1971 and 1972, indicate percentages of 1.93 per cent and 1.85 per cent of cost.

On the basis of the foregoing information, we believe that it would be reasonable to accept a standard of 2 per cent of total cost for the pure profit margin on NHS dispensing, that is on the basis that a notional salary for the proprietor, a market rent for the premises and interest on capital are all dealt with separately. Such a profit margin would, we consider, be no more than a fair reward

to pharmacies for accepting the risks inherent in their business.

Our calculations suggest that the 2 per cent figure has been reasonably steady in recent years and we therefore intend that the 2 per cent pure profit margin should be a reasonably durable element in the formula, to be used until such time as both sides agree that it clearly no longer reflects current conditions.

Other possible criteria

It may be helpful if we give our views on some of the other criteria which have been suggested in the submissions of the two parties but which we have concluded should not at the present time be used as determinants of the profit on NHS dispensing.

(a) Profit formula for non-competitive Government contracts

The PSNC have on many occasions sought to introduce the principle that the rate of profits paid to chemist contractors should follow that awarded to manufacturing companies undertaking non-competitive Government contracts under the "Review Board" profit formula. The Review Board formula is currently based upon a return on capital employed of 20 per cent. The rate for "risk work" is higher (23 per cent) and that for "non-risk work" is lower (16 per cent).

The contracts priced according to the Review Board formula are predominantly manufacturing contracts and there are many differences between the characteristics of the companies concerned and that characteristics of chemist contractors in the NHS. Most significant is the greater importance of capital as a factor in manufacturing industry. Non-competitive Government contractors have an average costs to capital ratio of about 2.3 to 1; for chemists the average ratio is nearer 6 to 1, the difference being partly caused by the exclusion of premises from the capital of chemist contractors as defined in the remuneration formula.

The form of contract is also very different. The labour and overhead costs and capital employed of a non-competitive Government contractor are assessed on an individual basis, whereas for chemist contractors the assessments are on a collective basis. In view of these differences we do not think that any useful guidance can be derived from the Review Board formula.

(b) Sharing the benefits of improved efficiency

We accept the theoretical proposition that improvements in efficiency should benefit the contractor as well as the customer. Thus to the extent that chemist contractors could be shown to have achieved above-average improvements in their efficiency, it would be reasonable that they should receive above-average profits.

It is quite possible to demonstrate that there have indeed been improvements in the efficiency of the pharmacy service in recent years. For example:—
a) between 1966 and 1977 the number of prescriptions dispensed per contractor increased by 57 per cent;
b) the average time spent per prescription decreased from over eight minutes in 1966 to six minutes in 1977;
c) estimated total cost per prescription at constant prices fell by 32 per cent between 1966 and 1977; labour costs fell by 40 per cent and overhead costs by 7 per cent.

Similar improvements have also, however, been made throughout retail trade in response to competitive pressures and social change, and it has not been demonstrated to us that the performance of chemist contractors in this respect has been exceptional. In the circumstances, we do not think that any precise significance can be attached to this criterion.

Moreover, the Department has justifiably pointed out that, since cost inquiries have in the past occurred only

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"Pure profit" margin by present formula in 1971 and 1972

Current remuneration system	1971	1972
	p per prescription	
Capital employed	18.75	19.75
Net ingredient cost	55.45	60.62
Labour and overhead cost	16.92	18.89
Profit margin	3.00	3.16
Total due	75.37	82.67
Return on capital employed (%)	16.00	16.00
Calculation of "Pure profit" margin—ie after charging interest on capital		
Profit margin as above	3.00	3.16
Interest on capital at average annual interest rates (1971: 8.4%, 1972: 8.4%)	1.57	1.66
"Pure profit"	1.43	1.50
Net ingredient cost	55.45	60.62
Labour and overhead cost	16.92	18.89
Interest cost	1.57	1.66
Total cost	73.94	81.17
"Pure profit" as percentage of total cost	1.93	1.85

Effect of recommendations on profits 1976 to 1979

	1976	1977	1978	1979 (F/cast)
	All p per prescription unless otherwise indicated			
Current remuneration system				
Capital employed	28.19	33.75	38.19	43.50
Net ingredient cost (Note 1)	117.30	146.91	168.42	196.00
Labour and overhead cost	32.32	32.00	36.81	44.09
Profit margin	4.51	5.40	6.11	6.96
Total due	154.13	184.31	211.34	247.05
Return on capital employed (%)	16.0	16.0	16.0	16.0
Recommended system				
Net ingredient cost	117.30	146.91	168.42	196.00
Labour and overhead cost	32.32	32.00	36.81	44.09
Interest cost (Note 2)	3.83	3.85	4.43	6.79
Total cost	153.45	182.76	209.66	246.88
Pure profit margin	3.07	3.66	4.19	4.94
Total due	156.52	186.42	213.85	251.82
Return on capital employed (%)	24.5	22.3	22.6	27.0
Comparison				
Increase in total due				
—p per prescription	2.39	2.11	2.51	4.77
—£ million (Note 3)	5.64	6.71	8.31	15.79
Increase in rate of return on capital employed (%)	8.5	6.3	6.6	11.0

Note 1 For simplicity, the adjustment factor and container allowance have been ignored.

Note 2 Interest has been calculated at the following rates, being the average clearing bank base rate for the period concerned (1979 to September 30) plus a margin of 2½%:—1976 — 13.6%; 1977 — 11.4%; 1978 — 11.6%; 1979 — 15.6%.

Note 3 The annual number of prescriptions as follows:—1976 — 315m; 1977 — 318m; 1978 — 331m; 1979 — 331m.

The increase in the total due for 1976 of £5.64m has been estimated on the basis of 236m prescriptions (9/12 of the year's total) to reflect implementation of the recommendations in March of that year.

Panel report

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once every four years, contractors collectively reap the rewards of their improved efficiency during each four-year interval.

The PSNC have contended that the present remuneration system is objectionable on the grounds that it stifles incentives to greater efficiency, since the rewards are all "clawed-back" by the Department. This contention is similar to the Department's argument that the chemist's contract has a non-risk character, and in our view it is equally mistaken. Incentives to efficiency bear upon the individual contractor and are in no way diminished by the arrangements whereby remuneration of the service as a whole is kept in line with total costs.

(c) Closures of pharmacies

The PSNC have drawn our attention to the decline in the number of pharmacies in recent years—from over 15,000 in 1955 to under 10,000 in 1978. This, they contend, provides clear evidence that the profit of NHS dispensing is inadequate. The Department deny that this inference can be drawn from the facts and have urged us to consider a number of other points. Pharmacy closures have, they maintain, been caused by many different factors and the decline in non-NHS sales has probably been a more important influence than the unprofitability of NHS dispensing; a reduction in the number of outlets has been a feature of many branches of retail trade over the past 20 years; there is some evidence that the rate of pharmacy closures has slowed in the most recent years; and the introduction of the differential scale of on-cost allowance in 1977, in place of the flat-rate payment system which was applied up to that time, should have a substantial impact upon the viability of small pharmacies. Most important of all, there is not yet, in the Department's view, any widespread difficulty of access to pharmaceutical services.

We very much share the concern expressed by the PSNC and others about the implications of the trend to pharmacy closures and we have taken note of the observations of the Standing Conference of Rural Community Councils concerning the difficulty experienced by patients in some rural areas in obtaining pharmaceutical services.

"We very much share the concern expressed by the PSNC and others about the implications of the trend of pharmacy closures".

We hope that the increase in profit that we are recommending to a level comparable with retailing generally will help to arrest the trend. We do not, however, think that it would be right to go further than this and to recommend for chemist contractors a higher profit level than that enjoyed by retailers generally. Once a reasonable overall level of profit has been established, the closures problem should be tackled through the distribution of profit and through the mechanism of the Essential Small Pharmacies Scheme.

We would urge the two parties to keep this problem under close review and to make such adjustments to the differential on-cost arrangements and to the Essential Small Pharmacies Scheme as may be necessary to safeguard the quality and availabliity of the pharmaceutical network.

In this connection, we have observed that payments made under the Essential Small Pharmacies Scheme are treated as an "amount paid" in the Balance Sheet and are therefore borne by the remainder of the service rather than by Government. It strikes us as anomalous that the majority of pharmacies should be obliged to pay, from their by no means over-generous remuneration, for the subsidies given to their non-viable colleagues. If it is judged to be essential in the public interest for a particular pharmacy to remain open, we would have thought that the cost of support should be borne by public funds.

"If it is judged to be essential in the public interest for a particular pharmacy to remain open, we would have thought that the cost of support should be borne by public funds".

Conclusion

We can now give our answers to the questions posed in our terms of reference: -

a) What general criteria should determine the profit margin?

i) We consider that prevailing rates of interest should be an important criterion,

Continued on p745

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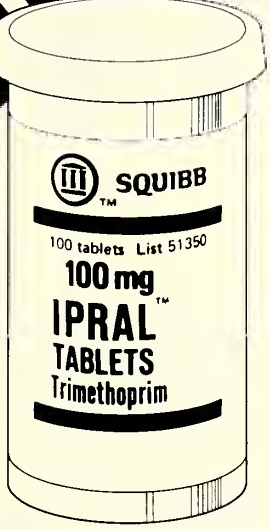

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£36.45m due to chemists for years 1976-79

since the major part of capital employed as defined in this case is working capital which is likely to be financed by borrowings; this has led us to conclude that there should be a separate interest cost component in the formula.

ii) We consider that recognition needs to be given to the risks borne by the individual pharmacist, which in our view are comparable by those faced in retail trade generally; this has led us to conclude that the formula should contain a pure profit margin, comparable to the average earned by retailers.

b) Is the rate of return on capital employed appropriate?

We consider that the present 16 per cent rate of return on capital employed is not appropriate. With interest rates at their present levels it is not sufficient to cover interest costs, let alone yield at profit.

c) Should the profit be determined on basis other than capital employed?

We consider that whilst the interest cost element should continue to be based upon capital employed, the pure profit margin should be based upon total cost. We would, however, have no objection to there being a composite profit-interest margin *expressed* as a return on capital employed, provided that it contains the two elements which we recommend.

Our recommendations can be summarised as follows. In place of the present profit margin of 16 per cent of capital employed there should be included in the remuneration formula: —

a) an interest cost element, related to capital employed and calculated at a rate of interest 2½ percentage points above clearing bank base rates; and

b) a "pure profit" margin of 2 per cent of total cost.

And we recommend that this revision of the remuneration formula should be given retrospective effect to March, 1976, when the PSNC's claim for an increase in profit margins was presented.

The amount that would be yielded to pharmacists by these recommendations would vary from year to year according to the level of interest rates, so that a comparison with the present profit margin of 16 per cent of capital employed is not entirely straightforward.

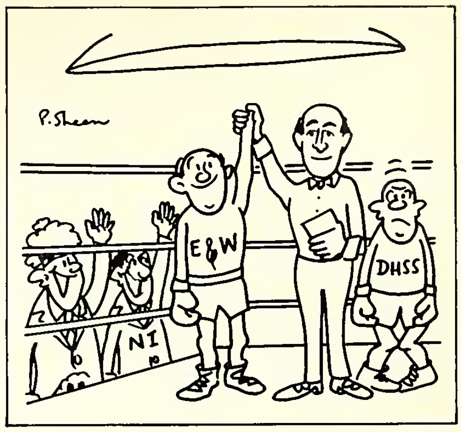
The annual rate of return on capital that would have been yielded by the revised formula in these years, comparable to the present 16 per cent rate, is as follows: -

	%
1976	24.5
1977	22.3
1978	22.6
1979	27.0

The total amount due to pharmacists would have been increased by the following amounts: -

	£m	
1976	5.64	(9 months' effect)
1977	6.71	
1978	8.31	
1979	15.79	

However, the sums quoted above enter into the "amounts due" side of the Balance Sheet. The effect upon the relevant components of remuneration (oncost allowance and professional fee) is a matter not for us to decide but for negotiation between the Department and the PSNC; and in this negotiation it would not be surprising if they were to take some account of our points concerning developments in the field of wholesale discounts.



Part two: other issues raised

"Gross profit" argument

As we said, the PSNC advocate fundamental revision of the system of remuneration of chemist contractors. They want the system changed onto a "gross profit" basis. This would involve that remuneration would no longer be based upon estimates of labour and overhead costs plus a margin of profit.

Instead, the total remuneration due would be arrived at by applying a single agreed gross profit percentage to pharmacists' direct costs, that is the costs of drugs and containers. The percentage rate of gross profit which is the cornerstone of this proposal should, the PSNC contend, be determined by reference to the gross profits earned in branches of retail trade and without reference to any calculations of the labour and overhead costs of the pharmacy service. The total remuneration thus calculated could be paid to individual pharmacies in the same way that it had been arrived at, that is by giving each pharmacy a uniform gross profit percentage mark-up over its direct costs. Alternatively, there could be a sliding scale of gross profit percentages so as to give a larger share to the smaller pharmacies; or smaller pharmacies could be assisted through the payment to every pharmacy of a flat rate "basic practice allowance".

The PSNC believe that this system of remuneration would have several advantages over the present arrangements: -

a) It would be far less complex, and therefore much more easily understood by individual pharmacists. It would also be cheaper to operate, since there would be no need for the statistical inquiries into costs and capital employed which the present system requires.

b) The revised system would, they contend, have a sounder basis than the present formula. Cost inquiries are inevitably subject to a margin of error which detracts from their value. Assessment of chemists' capital employed also involves certain difficulties. Such problems would be avoided altogether if a gross profit percentage were simply to be selected by reference to general retailing experience.

c) Most important so far as the PSNC are concerned, this change would lead to a very significant and, in their view, much needed increase in chemists' remuneration. The average gross profit percentage on NHS dispensing under the present formula in 1979 is estimated to be about 19 per cent. For comparison with this, the gross profit percentage earned in retail trade as a whole in 1977 (the most recent year for which figures are available) was 27.4 per cent.

It is essential, the PSNC contend, that the gross profit on NHS dispensing should be brought into line with retailing generally; the pharmaceutical service needs to be provided in the commercial environment of the retail sector and the continued existence of pharmacies is entirely dependent upon their receiving a gross margin on their NHS business which is reasonably comparable with that earned elsewhere in the retail sector.

The Department's view is that the PSNC have not made out a good case for such a fundamental change. Comparison of gross profit rates is fraught with difficulty and adjustments would have to be made for the many differences between retail trade and NHS dispensing. To take one example, retail gross margins must be sufficient to cover advertising and display costs which the retailer is required to bear.

Such costs do not arise on NHS dispensing. Furthermore, the principles of public accountability require that the remuneration system should continue to be based upon costs.

We believe that, on a proper construction of our present terms of reference, this issue is strictly outside our

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scope. It will be helpful, however, if we give an indication of our views on this subject since it has featured prominently in the submissions that we have received from the two parties.

We would draw a distinction between (a) using a gross profit percentage as a means of expressing or structuring the amounts paid to pharmacists, and (b) using a gross profit percentage as a yardstick for determining the total sum due to be paid. The PSNC propose both of these.

In the former proposal we see some merit. It would simplify the system considerably if the total sum due were to be expressed as a gross profit percentage which could be applied in making payments to pharmacists. Gross profit or gross margin is a concept that is widely used in retailing and this change would be a distinct aid to the intelligibility of the system, an objective to which we attach some weight.

Before making such a change, however, it would be necessary to give careful thought to all the consequences—for example, the abolition of the present distinction between the professional fee and the on-cost allowance, the linking of remuneration in the short term to drug prices, the distortions that might be caused by unexpected changes in prescription volume, and the implications for distribution of remuneration both in a regional basis and between large and small pharmacies. Difficulties would undoubtedly arise, but we suspect that they would all be capable of satisfactory solution, provided that sufficient regard were paid to the difficulties of the smaller pharmacies.

The second part of the PSNC's proposal, that the total sum due to pharmacists should be determined by reference to a gross profit percentage representative of retail trade, poses problems of a more serious nature. Although we consider that comparisons with retailing provide a satisfactory basis for determining a net profit percentage, we are far from certain that such comparisons can validly be made at the gross profit level. It would be wrong to overlook the differences between the characteristics of NHS dispensing and of retail trade, and the multitude of adjustments that would be required to reflect these differences would result in a remuneration system that was in essence little different from the present one.

> "The short term effect of [discounting] has been to give a very significant benefit to retail chemists".

Despite the inevitable imperfections of the cost inquiries conducted under the present arrangements, they do provide a rational basis for remuneration which we would not want to see abandoned without a very good reason. We do not think that a sufficiently compelling case has yet been made for the radical change proposed by the PSNC.

Reimbursement of ingredient costs

There is mounting evidence that resale price maintenance has now virtually ceased to be effective in the field of ethical medicines. The short term effect of this has been to give a very significant benefit to retail chemists.

No comprehensive and up-to-date information on this subject is available to us and it is therefore possible for us only to make very broad estimates of the magnitude of the figures involved, based upon recent statements published in the pharmaceutical Press. We understand that it is now common for chemists to obtain discounts of 10 per cent on all purchases from a single wholesaler over the first £1,000 per month, for payment on normal credit terms.

On this basis, and making allowance for the fact that it is generally not possible for a chemist to concentrate all his business with one wholesaler, we estimate that an average-sized independent chemist should be able to obtain an average rate of discount of about 5 per cent. Some large pharmacies should do considerably better than this, but many smaller pharmacies would not achieve the 5 per cent rate. For comparison with the 5 per cent estimate of the actual average discount rate, the average rate of discount assumed in the remuneration formula is only 1.1 per cent, which indicates that ingredient costs may currently be over-reimbursed by about 4 per cent. The sums of money involved in this issue are very substantial indeed. It is forecast that ingredient costs in 1979 will amount in total to some £650 million. Thus there may currently be over-reimbursement of ingredient costs to the extent of some £26 million a year.

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Franks panel report

Continued from p746

Discounting may have swallowed the cash

This sum may be compared with our earlier calculations of the effect of our recommendations on the profit margin —between £6 million and £16 million a year over the past three years.

Thus it would appear that the extra sums that pharmacists are currently receiving by way of wholesale discounts may be more than sufficient to make up for the inadequacy of the present profit margin. We cannot tell how long this has been the case, since reliable information is even scarcer when one tries to look backward to see how the present position has developed over the past few years.

The PSNC's view is that large-scale discounting by wholesalers started only in mid-1978 and that before then discounts were not a significant factor; even now they are not universally available. The Department on the other hand suspect that the erosion of resale price maintenance may have been a rather more gradual process and that even the statistical inquiry conducted in 1975 may not have revealed the true level of discounts or rebates which were then being obtained.

> "The extra sums that pharmacists are currently receiving by way of wholesale discounts may be more than sufficient to make up for the inadequacy of the present profit margin".

We have given careful thought to the implications of these developments for our reference and have reached the following conclusions: -

a) It would be wrong for us to allow this factor, or any other malfunctioning of part of the remuneration system, to affect our recommendations on the profit margin. It would introduce most undesirable distortions into the system if compensating adjustments were to be made to other elements of the formula instead of corrective action being applied to the particular element that is judged to be at fault.

b) There is clearly a need for a fresh inquiry in this area, leading to a revised scale for the adjustment factor. This inquiry should look into terms of trade generally and into discounting in all its many forms.

c) Pending the results of this inquiry, the two parties should consider whether as an emergency measure sufficiently reliable estimates can be made to support either an interim revision of the adjustment factor scale or a conclusion to be taken into account when considering the necessity for any increase in the professional fee or the on-cost allowance.

We would urge both sides to bear in mind that absolute precision in this respect is unobtainable, and that a compromise solution that was agreed to be approximately right would be better than the continued use of a precisely calculated scale that is now completely out-of-date.

d) The present position may not last for long. Past developments in this field have been rapid and future developments may well be equally rapid. It seems clear to us that the renegotiated adjustment factor cannot be left as a constant element in the remuneration formula for a further four years, but that arrangements must be agreed whereby this element can be subjected to much more frequent review.

And the recent increase in price competition amongst wholesalers may have other consequences for chemists, for example, a deterioration in the service provided by wholesalers which might in turn lead to an increase in chemists' average stockholding period.

Turning now to another aspect of the subject of reimbursement of ingredient costs, the present formula is based upon the assumption that the chemist contractor purchases his drugs from his supplier on an arm's length basis.

No account is taken of the not uncommon case of a chemist contractor who is a member of a vertically integrated group containing wholesaling and perhaps also manufacturing activities. In our opinion, this is an area where further information is required. We suspect that the recent development of price competition between wholesalers has had the result of putting the independent contractor in as favourable a position as his vertically integrated colleague, so that it is now less necessary to take separate account in the remuneration formula of the position of vertically integrated groups.

If, however, any arrangements were in future to be agreed which involved limitation of wholesale discounts, the question would again arise as to whether it was reasonable to reimburse the vertically integrated chemist on the basis that he purchased his drugs at the same price as the independent chemist. We recommend that the inquiry referred to earlier should cover the position of vertically integrated groups.

One particular aspect of the reimbursement of ingredient costs has been the subject of a submission to us by the PSNC. It concerns the timing of implementation of price changes. In the case of "proprietary" drugs, which account for 90 per cent of all drug expenditure, the chemist has to wait between three and seven weeks following notification of a price increase before this increase is taken into account in the pricing of his prescriptions.

David Coleman who chairs PSNC's publicity sub-committee

The PSNC contend that price increases should be taken into account more quickly, so as to help the chemist with the financing of the inflated level of his stock and debtors; implementation of price reductions, on the other hand, should continue to be delayed as at present.

On the basis of the available information on stockholding periods, the present treatment is consistent with the historic cost accounting convention. If ingredients were to be reimbursed at replacement costs, an accounting convention not widely used in the retail sector, this would have a significant bearing on any comparisons of profitability used in arriving at a fair profit margin on NHS dispensing. We do not see any need to change the present arrangements.

One final general observation on the subject of ingredient costs: we have been made well aware of the strenuous efforts that the Department devotes to the limitation of public expenditure on medicines, in so far as chemist contractors' margins are concerned. We hope that at least equal efforts are made to ensure that the Department gets value for money in the field of ingredient costs, which account for approximately 80 per cent of the total prescription cost.

Apportionment of costs

Two aspects of the apportionment of chemists' costs between NHS dispensing and other work have featured prominently in the submissions to us. First, the PSNC consider that the present apportionment of property costs is inequitable. Under the present arrangements, the Department bear 20 per cent of chemists' rent, rates and other related costs. The PSNC maintain that this percentage should be increased and point to the fact that NHS dispensing is in excess of 50 per cent of the average chemist's turnover.

Concluded on p750

Franks panel report

Concluded from p749

End to retrospective adjustments?

The Department have resisted this claim, contending that it is the NHS share of the area of the pharmacy premises rather than the NHS share of turnover that should be the basis of the apportionment. This subject is still under discussion between the two parties and the Department have agreed that any settlement will be given retrospective effect to March, 1977, the date when the PSNC's present claim on this subject was submitted.

The second aspect relates to the treatment of the cost of the "first pharmacist". The PSNC contend that, since it is a legal requirement that dispensing of medicines must be performed either by or under the direct supervision of a registered pharmaceutical chemist (who must be present throughout opening hours), the full salary cost of one pharmacist in each pharmacy should be wholly attributable to NHS dispensing.

"Efforts should be devoted to achieving an *annual* balance between amounts due and amounts paid".

The Department have not accepted this claim, principally on the grounds that there is no requirement for a qualified pharmacist to devote himself exclusively to NHS dispensing, and that most pharmacists can and do combine their dispensing work with lending assistance to the retail side of the business; it follows that their salary costs should be apportioned.

We do not think it would be right for us at this stage to give any view on the merits of either party's case on these two issues, which have not been referred to us for adjudication. We hope that the two parties will soon be able to resolve their differences through direct negotiations. Nor do we think that it would be right to make any allowance for the alleged under-recovery of property costs and pharmacists' salary costs when making our recommendations on the subject of the profit margin. Such distortions should if possible be avoided if the remuneration formula is to retain any measure of simplicity and rationality.

Review and adjustment provisions

Throughout the course of this reference we have been made well aware that chemist contractors generally not only believe that their remuneration is inadequate but also feel a sense of frustration and dissatisfaction with the whole system of remuneration. In some measure this may be due to the difficulty of comprehending a system which, it must be conceded, is unnaturally complicated.

However, we suggest that the problem is more fundamental than this and that consideration needs to be given to certain changes in the mechanics of the system.

The principal problems seem to us to arise from two related factors: —

a) the absence of any mechanism for resolving the disagreements which arise from time to time between the Department and the PSNC; as a result, such disagreements may last for a very long time before they are resolved—for example, the present claim regarding profit margins was submitted early in 1976, and the still unresolved issue of property costs had its origin in 1973;

b) the distortions caused by giving precise effect to the collective "cost-plus" principle on a *cumulative* basis; thus if an overpayment is seen to have been made in one year, it must be matched by an underpayment in another.

These two factors lead to retrospective adjustments which have a confusing effect and must be inequitable as between individual contractors. It is also natural that contractors should feel a sense of insecurity since they fear that part of the payments which may be due to them in future may be withheld on account of a current or past overpayment about which they know nothing.

These problems were not specifically included in our reference as such, but it may be helpful if we set out certain views that we have formed since they may be of assistance to the parties in considering reforms of the system.

a) First, we suggest that the principle of achieving a cumulative balance in the Balance Sheet should be abandoned. Efforts should instead be devoted to achieving an *annual* balance between amounts due and amounts paid, but overpayments or underpayments should not be carried forward.

b) The various components of remuneration should be determined at the commencement of each year, based upon estimates of forecasts of the amounts due. There would therefore be a single annual negotiation at which all the relevant factors would be taken into account. This should if possible be concluded before the end of the preceding year.

c) The foregoing proposals would make it essential for negotiations to be conducted within a more disciplined framework. Neither party could any longer regard with equanimity long delays in reaching agreement, since retrospective adjustments would no longer be appropriate.

The solution in our view lies in the establishment of an independent review body, whose task would be to make annual reviews of the remuneration formula, with access to all available information and forecasts, and to make recommendations to the two parties. The review body could direct the periodic cost inquiries, and might also receive, on a confidential basis, information concerning contractors' actual profits, which would be useful in judging how equitable was the remuneration system as a whole.

These proposals would, in our view, overcome the principal problems inherent in the present system. They should also produce savings of administrative time and cost for both the Department and the PSNC.

It may be objected by the Department that the abandonment of the cumulative balance principle would fundamentally change the non-risk, cost-plus, nature of the arrangements. But, as we have observed earlier, the present arrangements certainly do not have a non-risk character so far as the individual pharmacist is concerned. It is currently only the Department that is insulated from risk and our proposal would, we believe, lead to a more equitable sharing of the overall risk. The Department would accept the risk that the level of remuneration based upon estimates made at the start of the year might prove to be higher than it would have been if calculated retrospectively.

"It is currently only the Department that is insulated from risk".

But there would be a corresponding possibility of benefit to the Department, and provided that the annual reviews are carried out in a thorough and unbiased way, the total net cost taking one year with another should not be significantly affected. The loss of precision so far as the Department is concerned would, in our view, be a small price to pay for the increase in certainty and simplicity so far as the chemist is concerned.

Mr Charles Plant, founder of Napcolour, receiving a retirement gift presented on behalf of Napcolour Laboratories by Mrs Jeanne Barwise, manager of the Chester laboratory which won last year's Kodak quality award

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Lightwaves. A new product from the Personal Care Division of Gillette U.K. Ltd.

Sixty years of pharmacy at Chelsea College

by E. J. Shellard, Emeritus Professor of Pharmacognosy, University of London

It is probably true to say that, as far as the provision of coordinated courses of study is concerned, the department of pharmacy, Chelsea College, is the youngest of all the schools of pharmacy in Great Britain today. Yet its reputation as a pharmaceutical centre of excellence is among the highest in the world. This international standing, which has been gained during the past 20 years, was made possible because of the foundations which were slowly but surely laid during the previous 40 years following the appointment of Charles Morton to organise and coordinate the courses of lectures being given at the Chelsea Polytechnic in 1919.

Although lectures in pharmaceutical chemistry (the inorganic chemicals of the British Pharmacopoeia 1887) were given in 1896 and lectures in botany and medica were started four years later, 1919 can be considered as the date when a fully coordinated course of study for pharmacy students was first organised. At the end of the 1914-18 War, Chelsea Polytechnic was asked if it could help in the education of the hundreds of ex-servicemen who wanted to become pharmacists. The Polytechnic agreed to organise courses within the chemistry department but there were also lectures in botany and, of course, the pharmaceutical subjects pharmacy and materia medica. It was therefore considered necessary to employ a pharmacist to coordinate the courses as well as to teach the pharmaceutical subjects.

So it was that Mr Morton joined the staff of the Polytechnic at the beginning of the 1919-20 session, but owing to a technicality he could not leave the London College of Pharmacy in the Clapham Road until the end of the first term. During that term he gave lectures at both institutions but Mr H. Jephcott (later Sir Harry Jephcott) stood in for him in many of the practical classes.

Three of the department's longest-serving members of the staff in the new dispensary; (from left to right) Dr M. P. Earles (senior lecturer), Mrs D. Watkins (secretary) and Mr B. W. Burt (senior lecturer). Below: one of Chelsea's laboratories in former days

In the following session the number of full-time ex-servicemen increased from 44 to 80 and it was necessary to take additional staff—Mr F. N. Appleyard as an assistant lecturer and Mr F. R. C. Bateson (one of the previous session's students) as a demonstrator. Adequate space was a problem and the only available room was the old mechanical and electrical engineering laboratory from which it was not possible to remove all the overhead engineering gear or to replace the heavy workshop benches.

When the supply of ex-servicemen finished, although the full-time courses were continued the main source of students was the considerable number who had completed their apprenticeship but had taken jobs as assistants and needed academic tuition before taking the "minor" examination. These early days were undoubtedly very difficult since attendance at the classes was quite voluntary and there were already four private schools of pharmacy with established reputations as well as the Society's school of pharmacy offering competition for places in London. Nevertheless, the perseverance and the hard work of the staff (often from 10 am to 10 pm), in conditions which were far from ideal, enabled the "school" to become firmly established and in 1933 it became a separate and distinct department within the Polytechnic.

As always—apart from one particular period of higher education—money was in short supply and Chelsea Polytechnic was never exempted so that problems of space, staff and equipment were ever-present obstacles to be overcome by the school in achieving its pharmaceutical aims. Great credit must go to the staff, which in addition to those already mentioned included K. R. Capper, T. C. Denston and later D. C. Harrod. Mention should also be made of L. Stevens ("Steve") who joined as a laboratory attendant in 1933 but was superintendent with a technical staff of 27 when he retired in 1970.

1939-45 war

By the outbreak of the 1939-45 War the school was firmly established and when the war was over it was able to develop its activities, particularly its research work. Although some research had been undertaken by members of staff—and Mr Morton's development of pH meters was outstanding—it was the appointment of Dr A. H. Beckett in 1950 which triggered off the emphasis on research and the admission of postgraduate students.

From that time onwards (the staff had increased from four in 1946 to 10 in 1950) research interests have developed in all branches of academic pharmacy,

Continued on p759

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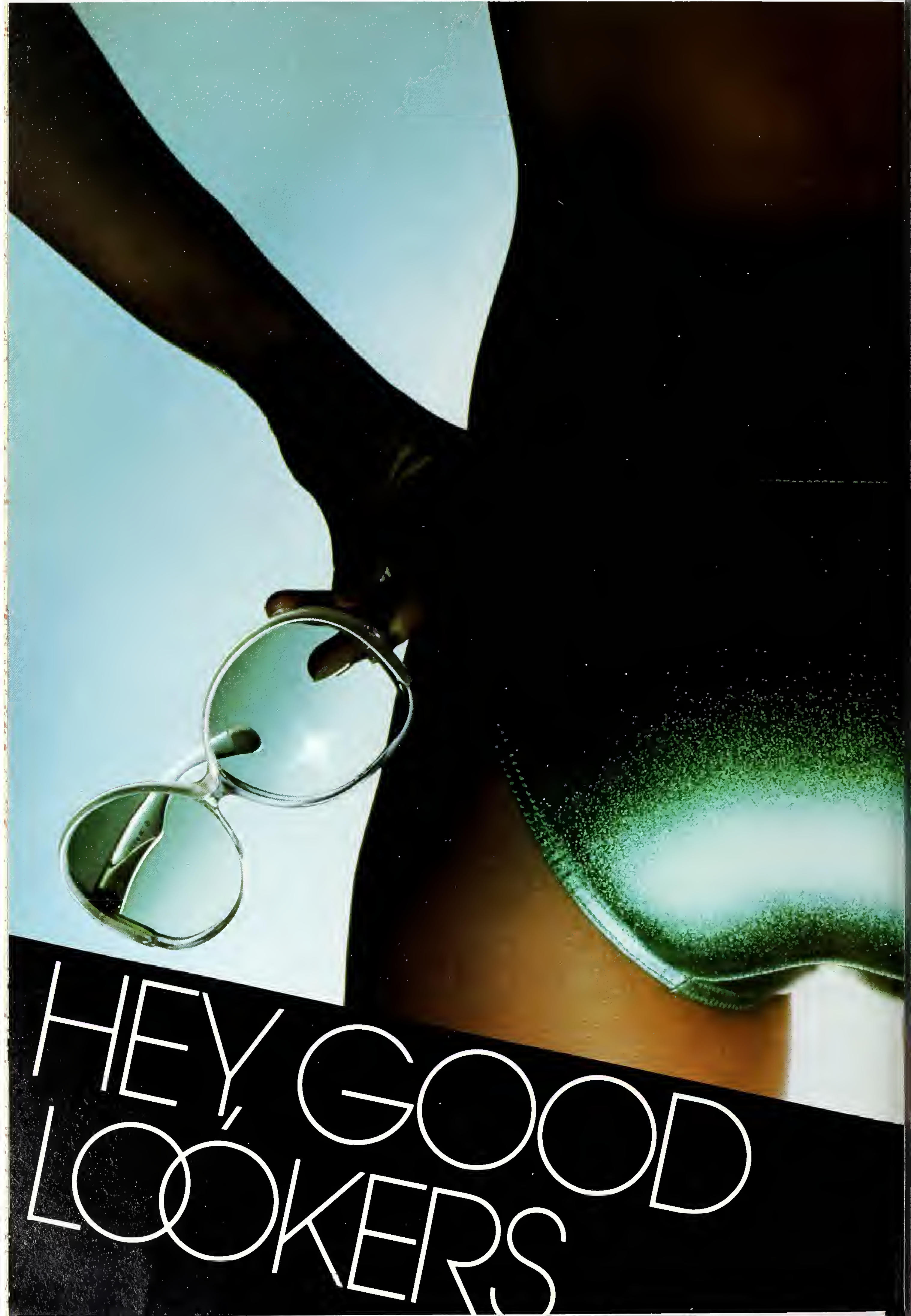
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Sixty years at Chelsea

Continued from p754

and in conjunction with hospital and industrial pharmacy. During the 20 years A. H. Beckett was head of the department the school developed an international reputation which has led to many members of staff (at one time totalling 38 excluding pharmacology staff) receiving honours and distinctions, invitations to give lectures at international conferences, to act as external examiners at overseas universities, as well as being involved in many pharmaceutical scientific activities.

MSC courses

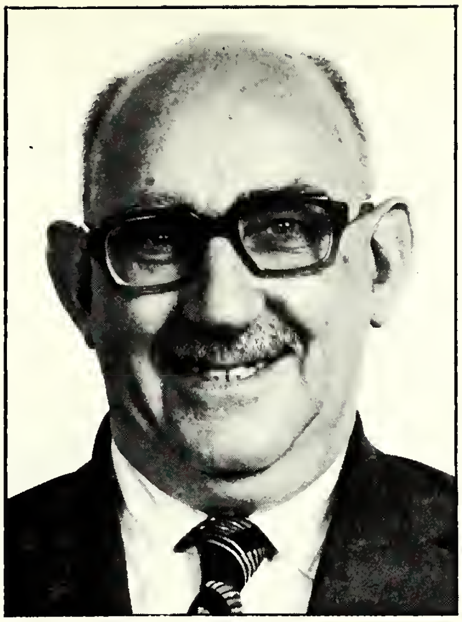
Apart from the research interests, the school introduced three MSc courses (biopharmacy, pharmaceutical analysis and pharmaceutical technology) and, chiefly through the efforts of Dr M. P. Earles, initially established a series of postgraduate lectures and courses on a wide range of pharmaceutical topics. These were replaced to a large extent when extracurricular postgraduate studies were organised by the Chiltern Region of the Pharmaceutical Society and more recently by the NHS Regional Committee.

It would perhaps be invidious to refer to any of the old students, though many of them have achieved positions of importance in the pharmaceutical world—academic, hospital, general practice, industrial and even pharmaceutical politics—but it is proper to mention that the first internal London University graduate in pharmacy was a Chelsea student (Miss P. M. Sully), the first external London University graduate in pharmacy was a Chelsea student (Miss Pickens), the first honours graduate in pharmacy was a Chelsea student (Mr D. W. Russell) and the first London University doctorate in a pharmaceutical subject (Dr E. F. Hersant) was also a Chelsea student—albeit he did his research with Professor Linnell.

The landmarks in the history of the school have, quite understandably, corresponded with certain events in the history of the College and it might well be argued that the first major development, apart from its establishment as a separate department in 1933, was its development as an active research centre. This only became possible when Chelsea Polytechnic was designated a College of Advanced Technology in 1957 and problems of staffing and finance were removed—but not space, which has been a continuing problem throughout the 60 years. The second landmark followed in 1966 when Chelsea College became a School of the University of London, since this gave a status to the department and thus a real opportunity to expand to activities at the highest level.

For those interested in statistics it can be mentioned that since 1919, 1,115 passed the *C&D* examination (including the "minor"), 1,072 passed the PhC examination (including the "major"), 1,320 have obtained a BPharm degree, 236 have obtained a Master's degree (either by research or course work) and there have been 300 successful PhD students. There have been nearly 1,000 research and other publications. In the earlier days 144 students obtained the Diploma in Biocemical Analysis and 164 obtained the Apothecaries Hall Dispensing Certificate.

Space does not permit more than a mention of the student activities during this time, but for those who have been part of the School it will be the friendly cooperation of the staff and students at all levels, as well as the academic standards and dedication to pharmaceutical education, which will be recognised as major contributory factors in the success which the College can claim on behalf of its department of pharmacy during the past 60 years.



Professor Shellard who retired from Chelsea College in 1978 after 21 years as a member of staff.

Wilkinson Sword add Royale for Christmas sales

A high point in razor design and technology is said to have been reached this month with the introduction of the new Wilkinson Sword Royale—designed by one of Britain's leading designers, Kenneth Grange of Pentagram. The new Royale razor (£8) consists of precision die cast handle enhanced by a satin chrome finish. Its small, pivoting twin blade head—using the same replacement blades as the Wilkinson Sword Profile—adjusts automatically to the shape of the face to give extra shaving comfort and closeness.

The Royale razor is sold with 25 blades—said to be sufficient for up to a year's shaving—and comes in a travelling case and presentation box. Commenting on the launch, Wilkinson Sword's marketing director Geoffrey Cleaver said, "We have been aware for some time of an international demand for a really high quality precision razor which offers a man style and elegance in shaving. The new Royale is certain to appeal as the perfect gift for the discriminating man this Christmas. It will be featured during November and December in full colour pages of quality magazines.

A new razor gift set display unit from Wilkinson Sword contains ten Profile pivoting head twin blade razors in festive packaging. The Profile razor gift set (£1.50) consists of a razor plus five blade dispenser. *Wilkinson Sword Ltd, Sword House, High Wycombe, Bucks HP13 6EJ.*

Galenco baths and eggheads

Galenco deep moisturising bath foam is now available in new packaging 250ml (£1.99), 500ml (£3.59) and 1 litre (£5.99). Gentle Care from Galenco have introduced a compact little egg shampoo . . . packaged in an egg! The 40ml plastic egg (£0.25) is said to contain sufficient shampoo for four applications. The Gentle Care egg makes an inexpensive and novel gift, says the company, and for the real "eggomaniac" is also available in sets of six packed in an egg box (£1.50). *Galenco Cosmetics (UK) Ltd, 6 The Broadway, Thatcham, Newbury, Berkshire.*

Agree in cinemas

Agree creme rinse and conditioner is being featured in an advertising campaign at over 1,200 cinemas throughout the country. The campaign will run through Christmas until December 29, with the commercial being shown at each of the cinemas on alternate weeks. This is part of Johnson Wax's total media campaign for Agree for 1979-80 which is worth £800,000. *Johnson Wax Ltd, Camberley, Surrey.*

Scent of Silences

Jacomo have introduced a new perfume called Silences (prices range from £9.60 to £35.35). It is described as a perfume "of exuberance" and is made up of narcissus, cassis, iris, ylang ylang and sandalwood. *Longmuir (Agencies) Ltd, 62 Queens Road, Reading, Berks*

Clinique eyes

Clinique are launching a line of four new eyeshadows for Christmas. Packaged in slim, mirrored cases, the four browntoned shades are described as soft pressed eyeshadows in pink ginger, grape honey, chestnut and cinnamon. To complement this launch a basic eye emphasiser in brown is also available serving as either a lid liner, eyeshadow or brow definer together with four lipsticks in shades of earth red, scarlet, cerise and crimson. *Clinique Laboratories Ltd. 54 Grosvenor Street, London W1.*

Santa Claus and the Pagan man

The Pagan Man range of men's fragrance products is being promoted this Christmas by Beecham Scott & Bowne in response to expanding demand in this market sector. In addition to a range of gift packs, Pagan Man is offering a 50ml size of aftershave, as a special promotional item and ideal Christmas stocking filler. A new Pagan Man toilet soap is also being launched.

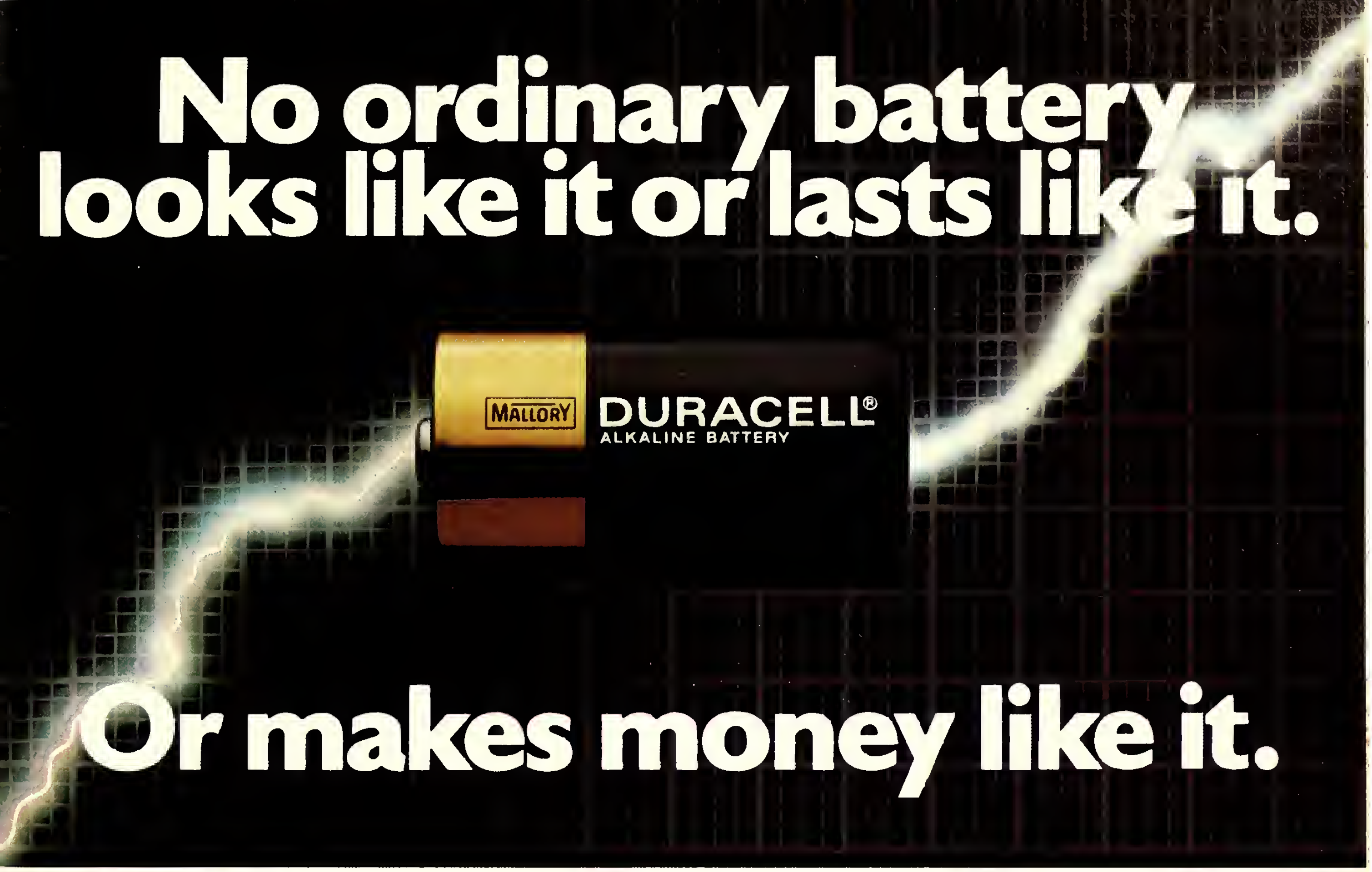
The 50ml after shave is presented in a suede-sleeved travel pack (£1.60). The new Pagan Man toilet soap is packed in a durable travel case featuring the distinctive "bison" design (£1.01).

Pagan Man sales will be supported by £100,000 of poster advertising concentrated within the peak gift-buying period. The Tyne Tees television area, however, will also feature a television campaign. *Beecham Toiletries, Beecham House, Great West Road, Brentford, Middlesex.*

Dana offer

Dana Perfumes are starting 1980 with a limited offer on their Tabu range. The offer will run throughout January to coincide with the sales period. While stocks last, 85g/3oz of Tabu spray cologne will be on offer for £2.50 (normal price £3.60).

Another point of this offer is the packaging. Dana have introduced a sophisticated look for this limited offer. The Tabu spray cologne will be available in a striking, black and white aluminimum can with the famous Tabu Kreutzer Sonata picture on the front in sepia. Thus, breakages should be reduced and the product will be light and easy to carry around. Merchandise display units holding 24 cans of the Tabu spray cologne will be available. *Dana Perfumes Ltd, 7 Conduit Street, London W1R 9TG.*



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That's made Duracell the fastest growing brand, with a 4-fold increase in sales in just three years. And that's meant big profits for Duracell stockists.

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Obviously, it's going to save you a lot of shelf space. But more important, it's going to save some of your more sensitive customers a lot of embarrassment.

Because let's face it, even in these enlightened days, some people do find it difficult to ask for a packet of *Durex* sheaths.

Ask your LR/Wright's representative to explain the special accompanying *Durex* promotional offer.

We think you'll find it quite rewarding.

durex®

Garden seeds offered in Vosene promotion

Free children's seeds plus a crop of 16 other garden "Super Savers" are the subject of an on-pack promotion from Beecham Toiletries for Vosene shampoo. There are two phases to this Vosene consumer offer which will "bring gardening pleasure to all the family" says the company. The first will primarily benefit the children and the second their parents. The instructions for consumer participants in this promotion are displayed on all three sizes of special "free children's seeds" offer Vosene cartons.

In phase one, purchasers will be asked to collect six tokens for their free seeds. These tokens are printed on each special offer Vosene carton—one on the 60ml size, two on the 160ml and three on the 300ml. By sending in six of the offer tokens, Vosene purchasers will receive a collection of four varieties of Hurst's Seeds (calendula, corn flower, candytuft and sunflower) together worth 64p at recommended retail prices.

When the parents get their four packets of free children's seeds they will also receive a leaflet entitled "Vosene garden Super Savers". This will open phase two of the promotion, which is for the parents' particular benefit and will run on through to the end of 1980. The leaflet is divided into sixteen separate sections, each offering a gardening bargain including a Beldray wheelbarrow, a Trigagrip tool set, a Camplex moisture meter, a Sudbury soil test kit, fruit plants, roses and other garden goods. There is also a £25 voucher for reducing the price of any Marley Greenhouse. These linked Vosene offers are all backed by a wide range of in-store display and trade activities. *Beecham Toiletries, Beecham House, Brentford, Middlesex.*

Napcolour offers

Following a similar promotion last year, Napcolour are once again running money saving offers on their range of "pleasure plus" products. The promotion takes the form of a sheet of coupons with a total face value of £1.50, encouraging customers to offset the vouchers against the cost of photo-drink coasters, jig-photos or table mats, all produced from customers' negative.

Napcolour are also giving away exclusively designed Christmas cards with every colour reprint, provided three or more prints are ordered from a single negative or transparency. *Napcolour Laboratories Ltd, Chester.*

Agfa campaign

As part of their pre-Christmas promotional campaign Agfa Gevaert are giving away half a film with a new twin-pack offer. "Buy one film, get the second at half price", is their message to consumers. To take advantage of the scheme, dealers are required to order Agfa's two new Christmas twin-pack dispensers. Each dispenser contains Agfa twin-packs with the second film in the pack at half price. One dispenser contains CNS twin-packs in 110 and 126 sizes; the other a combination of CT 18 and Agfachrome Super 8. The dispensers are designed to stand alone or as the focal point of a larger display. *Agfa-Gevaert Ltd, Great West Road, Brentford, Middlesex.*

Panadol elixir

Winthrop Pharmaceuticals are introducing a 112ml Panadol elixir (£0.90) in addition to the 60ml and 1 litre packs *Winthrop Pharmaceuticals, Winthrop House, Surbiton, Surrey KT6 4PH.*

Iodex problems

Due to supply and quality problems Menley and James are unable to fulfill outstanding orders for Iodex plain and with wintergreen. They are expected to become available again in April or May 1980. *Menley and James Laboratories Ltd, Welwyn Garden City, Hertfordshire.*

Solasil available

Solasil medicated haemorrhoid treatment (£0.82) is once again available from Cuticura. National advertising will recommence for the product during the winter months, says the company. *Cuticura Laboratories Ltd, Maidenhead, Berks.*

Reckitt redesign Cossak packs

Reckitt Toiletry Products have redesigned the Cossack men's hairspray pack. A new variant has also been added to the range. The visual revamp is said to give the pack more shelf appeal and clearer product identification. Previously the variants were identified by the colour of the caps. In the new version all the caps are in the Cossack red, the same as the background colour of the container, with the identifying variant colour in a prominent panel on the side.

The black Cossack horseman symbol, though reduced in size, is more distinctive against the strong colour background. The variant title is reversed white out of the panel colour beneath the symbol.

The variant colours are blue for normal, green for dry and yellow for extra hold. The latter is a new replacement for the greasy hair variant. A consumer research survey revealed that most men seem unwilling to acknowledge that they have such an unpleasant-sounding condition as greasy hair. This is apparently, like bad driving, an affliction strictly for the next man. *Reckitt Products, Reckitt House, Stoneferry Road, Hull HU8 8DD.*

Nulon year book with coupons

The 1980 edition of the Nulon year book is not only free to purchasers of Nulon hand cream but also contains money-saving coupons. Included in the centre of the book are three coupons worth 23p. These entitle the holder to claim 10p off a purchase of Nulon hand cream, 5p off Veeto hair removing cream and 8p off Supersoft shampoo, hairspray or conditioner. The coupons, redeemable at any stockist until the last day of 1980, can be used on the purchase of any variant or size of these products except sachets.

The year book and coupons are an on-pack offer only. The purchaser of a Nulon pack sends off a request form attached to the neck to claim her free copy of the book. The 1980 edition closely follows the handy format of the current one but new material and features have been introduced. *Reckitt Products, Reckitt House, Stoneferry Road, Hull HU8 8DD.*

Budget cameras

A new range of low-priced cameras has been announced by Taron Marketing. The Nova range has five models, the basic selling for under £6, and all products will be heavily marketed with the back-up of a nationwide network of wholesalers. *Taron Marketing Ltd, 57 Ironmarket, Newcastle Staffs. ST5 1PE.*

Revlon in training for Moscow Olympics

Revlon have obtained the right to use the British Olympic Association symbol on their products. The symbol will be appearing in all promotional and advertising material for Charlie fragrance, Natural Wonder cosmetics, Flex hair conditioner and Mitchum Thayer deodorants and anti-perspirants.

The company has undertaken to raise funds to help train, equip and send the British teams to the 1980 Olympic Games. They will also be organising nationally promoted and fund-raising events and consumer contributory promotional ideas. Special size products will be on offer bearing the Olympic symbol, the sale of which will contribute to the fund. Plans for fund raising include staging an Olympic award scheme to honour outstanding British performances. Revlon have also designed cosmetic bags for the British teams which will be available to the public through special in-store offers.

The Olympic policy is part of an international Revlon connection. Revlon USA have obtained the exclusive television sponsorship of cosmetics and fragrances during the Olympics.

Of the special size products, Charlie enters the Olympic spirit with a range of Winning Reds and a competition with a first prize of two tickets for the Moscow Olympic Games. Runner-up prizes are a two-week sports holiday in Austria and a wardrobe of "sportif" clothes. A free Charlie ski-pen is available with every Charlie fragrance purchased showing the Winning Ways card and there is a special offer of a blue track suit (said to be worth £14.99) available in small, medium and large sizes. From December a 62g Charlie fragrance (£2.95) bearing the Olympic symbol will be available. For each purchase 20p will go to the fund.

Natural Wonder will be available from February also in a special Olympic pack. Dual products of lipstick and nail hardner £0.89) will be packaged together in the following colours; sugar frost spice lipstick with caramel ice nail hardener; brandied wine lipstick with lacquered wood nail hardener; frosty cocoa swirl lipstick with cocoa frost nail hardener and absolutely red lipstick with glossy red nail hardener. For each purchase 3p will be donated to the Olympic fund.

From now until the end of the year a 500ml Olympic Flex conditioner (£1.90) will be available. Again for each purchase 10p will be donated to the fund. The bottles also carry tags with money saving coupons of 30p off the next purchase of three normal size products. *Revlon International Corporation, 86 Brook Street, London W1Y 2BA.*

Aspellin now in spray form

Aspellin spirit liniment, from Radiol Chemicals, is available in a spray-can (130ml, £0.64). The active ingredients are unchanged. Radiol have used a two chamber system which avoids the use of chlorofluorocarbons necessary in aerosols (*C&D* last week, p697). The system consists of a conventional outer metal can and an inner flexible plastic bag with compressed air between. When the spray button is pressed, the valve to the inner container is opened and the compressed air squeezes the inner chamber, expelling the liniment.

Apart from the environmental factors Radiol also claim the advantages of operation in any position (that is it does not have to be held upright), and the absence of cold shock when the spray hits the skin.

The spray is being promoted to the medical profession via *General Practitioner* between November 23 and January 24. *Radiol Chemicals Ltd, Stepfield, Witham, Essex CM8 3AG.*

Radox Xmas packs

Nicholas are very pleased with the demand for Christmas packs of Radox, Showerfresh and Matey. Unfortunately, they say, it has been so good that stocks are now exhausted. "At this stage," they add, "we are unable to produce any more and therefore no further orders can be taken." *Nicholas Laboratories Ltd, PO Box 17, 225 Bath Road, Slough.*

Rapidol distribution

Rapidol Ltd have appointed K S M Distributors Ltd, as their sole agents in Northern Ireland effective immediately. All Northern Ireland inquiries should be made to *K S M Distributors Ltd, 1 Enterprise Road, Bangor, Co Down.*

Sucrets move to second test area

Following a test market in Scotland, Beecham Proprietaries are opening a second area for Sucrets lozenges in the Harlech television area. Beecham say Sucrets became brand leader in Scotland with a 13.7 per cent share of the sore throat remedy market. The launch will see the introduction of blister packed lozenges.

The Harlech television campaign, commencing December 24, will feature an adapted version of the Scottish 30-second commercial. The campaign will include three main bursts before mid-March 1980. *Beecham Proprietaries, Beecham House, Brentford, Middlesex.*

Almay offers

Almay are offering six special sizes and one combination pack with "substantial savings" as a winter booster for their products. The cream cleanser 200ml will be available for £2.20 (rsp for 100ml normally £1.95), moisture cream 120ml tube for £1.75 (rsp for 62ml normally £1.75), total care hand and body lotion 250ml for £1.65 (rsp for 175ml normally £1.65), fluffy facial cleanser 150ml for £1.50 (rsp for 78ml normally £1.50), gentle skin toner 250ml for £1.75 (rsp for 125ml normally £1.75), Ultralight night cream 100ml £2.65 (rsp for 55ml normally £2.65).

A combination pack of cleanser and tonic will also be available for £2.20, representing a saving of approximately £1.05. *Almay, Slough SL1 4AU.*

Trugel facelift

Trugel has been repackaged into a 75ml tube (£0.68) to bring it in line with metrication. A cardboard carton protecting the tube bears the same bold black and red logo as the tube and the slogan "clearly controls the hair". *Nicholas Laboratories Ltd, Slough, Berks.*

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Alka Seltzer: All areas
Anadin: All areas
Buttercup: Lc, M, Y, Sc, WW, NE, We, B
Coldrex: All areas
Cow & Gate: All areas
Galloways: Ln, So, S
Head & Shoulders: All except E, CI
Impulse: All areas
Melody: Ln, So, Lc, M, Y, WW, NE, U
Noir aftershave: All areas
Wondra: Y, NE

PRESCRIPTION SPECIALITIES

Two fenoprofen products

PROGESIC tablets

Manufacturer Eli Lilly and Co Ltd, Kingsclere Road, Basingstoke, Hants.
Description Round, yellow tablet containing fenoprofen calcium equivalent to 200mg fenoprofen
Indications Analgesic for the relief of mild/moderate pain. Pyrexia
Contraindications Hypersensitivity. Active peptic ulceration
Dosage Adults only—200mg three or four times daily. In more intractable pain the dose may be doubled but maximum daily dose should not exceed 3g
Precautions Not recommended during pregnancy unless potential benefits clearly outweigh any potential risk. Because of its affinity for albumin, Progesic may displace other drugs from their binding sites, leading to drug interaction. The drug could prolong prothrombin time in patients receiving coumarin-type anticoagulants. When administered with aspirin, plasma concentrations of Progesic are reduced so it may be advisable to discontinue the aspirin or give only intermittent doses. Should not be given to patients with significantly impaired renal function. Although cross-sensitivity has not been established, the drug should not be given to patients in whom salicylates induce asthma, rhinitis or urticaria. Bronchospasm may be precipitated in patients with history of bronchial asthma or allergic disease. Patients with history of peptic ulcer or gastro-intestinal bleeding should be closely supervised
Side effects Mainly gastro-intestinal, including dyspepsia, constipation, nausea, vomiting and occult blood in the stool. Ulceration, sometimes complicated by bleeding, has occurred. Pruritus, rash, urticaria, tinnitus and hearing decrease have been reported plus, more infrequently, somnolence, dizziness, amblyopia, blurred vision, palpitations, peripheral oedema and nervousness. Transient reduction of haemoglobin and haematocrit, and elevation of AST (SGOT) values have occasionally been reported, together with mild elevations of the blood urea.
Packs Box of 96 blister-packed tablets (£3.98 trade)
Supply restrictions Prescription Only
Issued November 12, 1979

FENOPRON D tablets

Manufacturer Dista Products Ltd, Kingsclere Road, Basingstoke, Hants.
Description Dispersible tablets each containing fenoprofen calcium equivalent to 300mg fenoprofen; the tablets are white, biconvex, triangular/trochoid, marked "FND"
Indications Treatment of osteoarthrosis and rheumatoid arthritis; relief of mild to moderate pain
Contraindications, etc As for other fenoprofen preparations
Dosage Two tablets three times daily initially, in water, then adjusted to the needs of the patient, maximum daily dose 3g
Storage Keep tightly closed in a cool, dry place. Dispense in moistureproof container
Packs 100 tablets (£7.20 trade)
Supply restrictions Prescription Only
Issued November 12, 1979

BERKOLOL tablets

Manufacturer Berk Pharmaceuticals Ltd, Shalford, Guildford, Surrey.
Description Pink, film-coated, biconvex tablets, with breakline on reverse, embossed "Berk 1Z1" containing propranolol hydrochloride 10mg; "Berk 2Z1" containing 40mg; "Berk 3Z1" containing 80mg. Pink, film-coated, biconvex tablets with double breakline on reverse, embossed "Berk 4Z1" containing propranolol hydrochloride 160mg
Indications Treatment of hypertension, angina pectoris, cardiac dysrhythmias, tachycardia, anxiety and essential tremor. Prophylaxis of migraine. Adjunctive therapy in thyrotoxicosis
Contraindications, etc As for other propranolol preparations
Dosage Requires individual adjustment. Heart rate of 55 per minute or less indicates that dosage should be increased no further. *Adults*: *Hypertension*—initially 80mg twice daily, increasing where necessary at weekly intervals; usual maintenance dose 160/320mg daily. *Angina*—initially 40mg two or three times daily increased by the same amount at weekly intervals until control is achieved or maximum 480mg daily is reached. *Anxiety, migraine, essential tremor*—40mg two or three times daily, increased at weekly intervals if needed to daily total of 80-160mg. *Dysrhythmias, anxiety, tachycardia, hypertrophic obstructive cardiomyopathy, thyrotoxicosis*—19-40mg three or four times daily. *Children: Dysrhythmias, thyrotoxicosis*—minimum effective dosage, based on 0.25-0.5mg per kg bodyweight three or four times daily. *Migraine*—20mg two or three times daily for children under 12; other children may take adult dose
Storage Protect from light
Packs 10mg tablets (500, £5.88 trade); 40mg (1,000, £27.86); 80mg (500, £21.06); 160mg (100, £8.42)
Issued November 1979
Notes Dissolution studies *in vitro* on each of the four strengths showed similar release rates and dissolution profiles for Berkolol and the leading brand of propranolol. *In vivo*, the bioequivalence of the 10mg tablet with the leading brand has been established by a blood level study

Tolanase marking

Upjohn have incorporated new markings on Tolanase 250mg tablets. One side is marked Upjohn 114 the reverse is scored and the tablets will now be round, white and coated. *Upjohn Ltd, Fleming Way, Crawley, West Sussex.*

Trimopan 100

Berk Pharmaceuticals have introduced a new pack of 100 Trimopan tablets (£5.30 trade). The 28 tablet pack is now discontinued. *Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey GU4 8HE.*

Serenid-D orders

Wyeth Laboratories have discontinued the 500s packs of Serenid-D 10mg and 15mg and all orders are now being met with the 100s packs. *Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH*

Mydriacyl drops

Alcon Laboratories (UK) Ltd have introduced a new 5ml size for Mydriacyl eye drops (0.5 per cent, £1.30; 1 per cent, £1.60 trade). The 15ml sizes will still be available. *Distributors Farillon Ltd, Bryant Avenue, Romford, Essex.*

Panadol 500 pack

A dispensing pack of 500 Panadol tablets (£2.90) in an amber glass bottle is available from Winthrop Laboratories. Winthrop say this is in response to demand by pharmacists for a more convenient dispensing pack than the 2,500 size. *Winthrop Laboratories, Winthrop House, Surbiton, Surrey KT6 4PH.*

Dorbanex pack

All orders for 300 capsule packs of Dorbanex capsules placed by wholesalers and hospitals, will be filled by the new 500 capsule (£10.27 trade) size, Riker say. Wholesalers will still be able to supply orders for 300 capsule packs for a limited period after the changeover. However, Riker expect that most wholesale stocks of these will be exhausted by the end of January 1980. *Riker Laboratories, Morley Street, Loughborough, Leicestershire LE11 1EP.*

Revlon fail in High Court bid

Revlon failed last week in a High Court bid to stop the "parallel selling" in England of Revlon trade-marked goods made for the US market. Mr Justice Dillon ruled that four companies in the Revlon group were not entitled to a pre-trial injunction stopping importers and wholesalers selling in England Revlon Flex shampoo made for the US market against the Revlon Flex shampoos and conditioner made for the English market.

Revlon Inc, the American parent and its English subsidiaries have started actions alleging "passing off" and infringement of trademark. Pending trial they had sought to stop importers Cripps & Lee Ltd and Express Wholesale Supplies from dealing in Revlon Flex, made only for the US market but which had not been a commercial success there.

The line had been discontinued with large quantities being given to charity and other quantities sold to a US merchant. It could still be obtained in the US and the defendants wished to go on selling, in England, stocks of the American product in its authentic Revlon packaging.

The judge said the narrow emphasis sought to be placed on the individuality of the companies in the Revlon group was not in accordance with recent legal decisions. He concluded that the products produced by any company in the group were "connected in the course of trade" with all the other trading companies in the group—"I do not think they can complain if, as a result of commercial sales, the goods so marked by Revlon Inc turn up on the market in other countries." However, the judge granted a seven-day injunction stopping Express and Cripps & Lee selling the US product in England pending prompt appeal by Revlon against the decision.

Doctor dispensing

In the article on doctor dispensing last week (*C&D*, p696) the Nottinghamshire Family Practitioners Committee revoked the arrangement in September and not as stated.

PEOPLE

Mr Angus Fraser McIntosh MPS, was designated Pest Control's Man of the Year recently at the British Pest Control Conference held at Stratford-on-Avon. Mr McIntosh, a former director of Rentokil and now a consultant to the company, has been the association's president five times and was the founder president of the Confederation of European Pest Control Associations formed in 1974.

TOPICAL REFLECTIONS

by Xrayser

Tit-bits

My mind is so full of anticipation for the report of the panel of inquiry into our remuneration that this week I have found it difficult to concentrate my thought processes on serious matters. Like a prisoner down in the cells awaiting the jury's verdict, I am able to cope more with *Tit-bits* than with *New Statesman*. However, there was one item in last week's pharmaceutical news which pushed its way through my subconscious—the report that a dispensing doctor dispute is now before the courts.

There is to be an appeal against the standstill in rural dispensing arrangements which resulted from the *voluntary* acceptance by both professions of the recommendations of the Clothier report, and depending upon the outcome, what we thought we had gained could well be lost. The courts, of course, judge law, not voluntary agreements. It's all very well to shack up without the benefit of clergy, but there is nothing like a good solid marriage (in this case legislation) to make relationships stand the knocks. We have reason, I think, for concern.

Striking

Did you notice the illustration (p716) of the stark leaflet put out by the Argyle and Clyde Health Board? I don't see how anyone could have missed it for not only did the warning skulls on the bottles demand attention but the hard-to-read capital letters (in a language which in my ignorance I took to be German at first glance!) drew the eye irrisistably to investigate again. Top marks, for, perhaps unconsciously, the Board has struck a formula which would almost certainly guarantee the success of their campaign in places where Gaelic is unrecognised. After all, a mystery puzzle which demands a response may have a far longer impact than the normal exhortation.

Real flavour

I love food. You will appreciate, therefore, that when I can get a locum and have saved enough money I try to take a holiday in France, preferably in a smaller provincial town or near one, staying in a Gite, where we can enjoy food of the highest standard. I for one, welcome the EEC legislation on food flavouring and labelling which has encouraged the increased use of natural juices and extracts, and fruit nectars and syrups based on natural juices. They are rightly popular on the Continent. I therefore think the announcement that Bush Boake Allen are to install new plant and double their British production not only reflects the acumen of their management but is wholly welcome, for it may supplant some of the obnoxious synthetic flavourings and colouring which many food manufacturers think necessary to make their processed offerings palatable.

Purely a personal view, you understand, but wouldn't it be something to have our liquid medicines made up once more in natural material? Just think of selling Benylin Expect made from a nice sherry. "Good year that, Madame." Or even Mist Pot Cit in fresh sharp orange juice . . . or lime (oh, happy days of ginger syrup). All this culinary talk is the result of my wife being away for the weekend. I've had a marvellous time in the kitchen—every old pharmacist likes cooking. I've ransacked the cupboards, the herbs, the garden and this Sunday evening welcomed the wife back with breath of garlic and a glass of wine. But enough is enough. Now I'm quite looking forward to some simpler food for a change. And yes, I'll also be keeping my fingers crossed that the panel report doesn't cause me indigestion!

News in brief

☐ The average gross weekly earnings in April of full-time adult workers in Great Britain were £88.40 according to the New Earnings Survey 1979, published recently by the Department of Employment. The figure is an average for men and women aged 18 and over on January 1, 1979, covering manual and non-manual jobs throughout the economy.

LETTERS

Doctor-dispensing: unfair comparison

Various figures are published from time to time showing the comparative average cost per prescription of doctor dispensing, and these always show the doctor's cost in a reasonably favourable light. However, since the dispensing doctor controls his own prescription-writing one wonders whether such comparisons are specious. The dispensing doctor can (with justification) adhere to the supply of one month's treatment or less at a time.

The general practitioner whose prescriptions are handled by pharmacies does not have the same vested interest and is therefore liable to prescribe up to six months' treatment at a time, thus raising the average prescription cost.

It thus appears that the only meaningful comparison of doctor and pharmacy prescription costs would have to be based on the average cost of a month's treatment in each case. Using that criterion, the dispensing doctor would show a significantly higher figure.

Alan Pepler
Minehead, Somerset

'More information'

A recent report of children imbibing hair preparations containing lead, highlights the lackadaisical attitude of the British authorities in falling in line with European standards of cosmetic formulation.

Manufacturing firms who view the pharmacist as a Lilliputian oracle with a minuscule of intellect and a pedantic mind do so in total ignorance of the modern chemist's role in British society today.

As intelligent people we wish to know the contents and amounts of the chief ingredients in any preparations sold to the public.

Only then can we advise on any allergic reactions, inaugurate steps to counteract same and reassure perturbed and questing individuals.

The days of witchcraft and wizardry will continue as long as firms endorse "Ignorance is bliss. 'Tis folly to be wise."

W. H. Grove
Worcs

Improving image

I read with interest Mr Tallett's letter (*C&D* October 27 p679), concerning the improvement of the pharmaceutical image, and his suggestion that typed labels with helpful directions, not restricted to basic translations of Latin abbreviations, can do more for pharmacy than anything done centrally. Needless to say he is perfectly correct and, having similarly "campaigned" for a couple of years, the main reply I have received has been "What *are* helpful directions, give some examples." Some of my suggestions are as follows:—

(1) After the main instructions (for example, tds, qds, mdu) the following are added:—

(a) for antibiotics, ". . . at regular intervals, until finished."

(b) for anti-inflammatory drugs, ". . . with or after food", regardless of whether or not it is on the prescription.

(c) for all preparations carrying the meaningless "prn", "sos" etc instruction, ". . . but no more than x a day." where x is the maximum recommended daily dose (which for unit-dose analgesics is frequently eight).

(2) All anti-histamines, muscle relaxants, anti-depressants and tranquilisers should carry a "Caution, this may cause drowsiness . . ." advice slip-label.

These points take very little time to carry out, would at the very least be a start, and, bearing in mind many pharmacists find dispensing tedious, would help to increase job satisfaction. If you are dispensing "automatically" and not putting anything *in* to it, you'll find in boring and not get anything *out* of it.

Stephen Bazire
Bristol

BOOKS

Clinical emphasis for new Codex

Eleventh edition (incorporating the British Pharmaceutical Codex). *The Pharmaceutical Press*, 1 Lambeth High Street, London SE1 7JN. $9\frac{3}{4}$ x $6\frac{7}{8}$in. 1,125pp. £27 post free.

This week sees the launch of a new style Pharmaceutical Codex, which covers a much wider range of information than its predecessors, particularly in the area of clinical pharmacy.

The Codex Revision Committee no longer has to provide quality standards for medicinal substances (these standards are now the responsibility of the British Pharmacopoeia Commission) and has redesigned the Codex completely.

The information is published in the style of an encyclopaedia and aims for easy reference with over 1,400 monographs arranged alphabetically. Basic information is given on a wide range of diseases and minor ailments including the cause of the disorder, its main signs and symptoms, and its treatment with particular reference to the use of drugs.

Entries on special subjects, some of them as long as chapters, include weights and measures, contact lens solutions, contraceptives, dialysis, driving and drugs, interaction of drugs, intravanous additives, drug metabolism, antibiotic resistance, poisoning and vitamin deficiencies.

A typical drug monograph includes the full chemical name, structural and molecular formulae and molecular weight, synonyms and trade names, reference to where current UK standards for identity and purity can be found, physical description, stability, sterilisation, storage, identification tests, determination in body fluids, metabolism, action and uses, contra-indications, and preparations including many detailed formulas.

Information is given on pharmaceutical practices, processes and techniques, eg the preparation, packing and labelling of creams, eardrops, emulsions, eye-drops, injections, liniments, lotions, lozenges, mixtures, pastilles, suppositories. tablets, etc. Entries cover materials used in formulation, such as colouring agents, emulsifying agents and aerosol propellants.

Blood products, vaccines and antisera are included and detailed schedules for children are given. A 14-page section on surgical dressings classifies them into six main categories according to use: absorbents, wound dressings, bandages, surgical adhesive tapes, protectives and plasters. These are further subdivided into sections dealing with materials that are similar in type or construction.

Special entries are included on various analytical techniques, with infra-red curves given in an appendix as an aid to drug identification.

Until the BP Commission issues new standards, the standards published in the BPC 1973, BPC Supplement 1976 and amendments will continue to have legal status under the Medicines Act 1968. The new Pharmaceutical Codex lists all amendments affecting the BPC 1973 standards and analysts are advised to keep their copies of the BPC 1973 and the 1976 supplement for use with the new volume.

London weighting up from July 1978

The Pharmaceutical Whitley Council has agreed new rates of London weighting backdated to July 1, 1978. The new rate for full-time staff is up from £354 to £398 a year. Part-time pharmacists will receive pro-rata rates of this sum and locum tenens £7.63 a week.

Outer London rates remain unchanged for 1978 and 1979 negotiations are currently in progress.

PATA election

Six seats on the council of the Proprietary Articles Trade Association are open for election for 1980. Council members who retire this year are: *Manufacturers' section*: Arthur H. Cox & Co Ltd, International Laboratories Ltd; *Wholesale section*: Smith & Hill (Chemists) Ltd, Vestric Ltd; *Retail section*: C. N. Bedford, J. C. N. Wilford.

PATA members may nominate candidates for the two vacancies in their respective sections. Nominations must be received by the secretary, PATA, 4 Margaret Street, London W1N 7LG, by November 26.

How do you keep warm before business warms up?

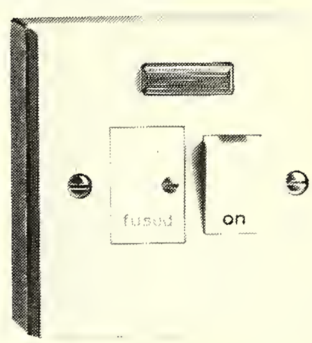
It's a cold morning.

It's cold enough getting to work, but when you open up your business, it's like working in a fridge.

You can hardly expect your staff to keep their overcoats on, and you won't make much of an impression in your scarf and mittens either.

And you're hardly likely to attract many customers when it's as cold indoors as out.

So even if you can rely on some form of background heating for the rest of the day, what you need is a way of heating the place up quickly, to keep yourself and your staff comfortable, and to guarantee your customers a warm welcome.



Then, as soon as you have attracted enough people and business has quite literally warmed up, you can turn off or turn down the fast-acting heating and save money.

Your Electricity Board has the answer. It's simple to install and economical. It doesn't depend on a fuel-fired system where availability of the fuel might be a problem. And it provides instant warmth at the flick of a switch, or automatically, at the command of a timer or thermostat.

So find out about it now.

If you'd like to know what electric heating can do for your business, get in touch with your Electricity Board now.

Or fill in the Enquiry Service Card in this publication.

Or ask the operator for **Freefone 2284** – it's a completely free service – and talk to our commercial heating specialists.

Or just clip the coupon, and we'll send you full details.

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Address ______________________

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HEAT ELECTRIC

The Electricity Council, England and Wales CD1

COMPANY NEWS

Mr David Firth and Mr John Tilling, joint proprietors of a pharmacy at Aston, Sheffield, who were presented with digital watches on the installation of Unichem's 1,000th Prosper computer terminal in their pharmacy. The presentation was made by Mr Norman Sampson, Unichem's deputy chairman (left). Also present is Mr David Walker (right), Unichem's director of management services

Competition in 1980's will grow

The European chemical industry is likely to be faced with growing overseas competition throughout the 1980's, warned Mr Anthony Lowe last week at a London section meeting of the Society for Chemical Industry.

Mr Lowe, head of economics and planning at Shell International Chemical, said a particular threat came from the US which was not only likely to hit the European market by increasing exports, but also by attracting a bigger share of investment in chemicals from both sides of the Atlantic. He explained that a number of US companies have been "disenchanted by the poor performance of their operations in Europe and have retreated back into the US".

Conversely a number of European companies have been stepping up their investment in North America. Union Carbide, for example, are currently negotiating the sale of their US metal working chemicals business to Henkel, the West German chemical and consumer goods company.

A particular threat lay in the import of plastics from America where chemical plants may well be forced to operate at below normal capacity, but Mr Lowe also warned of the growth of imports from the Eastern Block and from emerging producers in the Middle East.

Glaxo confident

Group sales for Glaxo Holdings, excluding wholesaling, dropped from £410m last year to £397m for the year ended June 30, 1979 and pre-tax profits were down from £86.36m to £72.27m.

Much of the blame falls upon the increase in the value of sterling and the rise in the value of exports from £124m to £133m is significantly underestimated by the change in foreign exchange values.

Continued faith in the company is explained by the board's increased spending on research and development—up £7.5m to £32.5m. It is hoped this commitment will particularly pay off with a new drug (Ranitidene) for the treatment of peptic ulcers and oesophagitis which Glaxo claim is more selective in its actions than currently available products. —"Provided that the outcome of the long-term studies is satisfactory, a major new product should reach the market in about three years".

Wyeth settlement

Wyeth Laboratories have agreed to recognise the Association of Scientific Technical and Managerial Staffs (ASTMS) for its sales representatives in the UK. This agreement follows an earlier refusal by Wyeth to recognise the union and the referral of subsequent pay negotiations to the Central Arbitration Committee.

In a joint statement, Wyeth personnel director Mr James McCaul and ASTMS national officer, Mr Roger Lyons, said that "the agreement was the result of detailed negotiations between the parties and had been endorsed by a substantial majority of the staff concerned. Both the company and the Association look forward to a constructive relationship in the future."

At May and Baker Ltd, the Association of Management and Professional Staffs has accepted a 15 per cent pay offer at the Dagenham and Ongar plants. The agreement follows intervention by the Advisory Conciliation and Arbitration Service.

Appointments

Hanimex (UK) Ltd: Mr Neil Finan, north west area representative for selected Hanimex and Ricoh products has moved to the following address: 1 Lancaster Road, Harpfield, Newcastle, Staffs (Telephone 0782-631720).

Jeyes Ltd: Mr Douglas Loyal has been appointed production manager at the Thetford site. He was previously production manager at their Moreton factory, Merseyside. Mr Steve Baker has been appointed sales and marketing manager of the label division.

Wyeth Laboratories: Mr D. W. Gration has been appointed to the board as marketing director for UK and Eire. For the past three years he has been pharmaceutical marketing manager UK and Eire.

Hall Forster Co Ltd: Mr Arthur Eltringham has been appointed to the board.

Astra exports rise by 40 per cent

Astra Group's sales of pharmaceutical products in England, Belgium and France were up by 40 per cent for the eight months ending August 31, according to their 1979 interim report. Group sales of pharmaceutical products in general were up from Skr 961m to Skr 1,101m.

Total group sales of Skr 1,246m as against Skr 1,304m last year represents a 17 per cent increase when the selling of three companies within the group in 1979 is taken into account.

ICI extend patent

A four-year extension of the UK patent on Nolvadex has been granted to ICI giving them the sole right to sell the drug in the UK up to August 1983.

A \$10m investment in building and equipment for ICI American Stuart Pharmaceuticals Division at Newark, Delaware will provide for the formulation and packaging of Nolvadex and Tenormin in the US. Nolvadex was introduced to the US in 1978, after its UK launch in 1973, and Tenormin is currently before the US Food and Drug Administration.

Briefly

Brent Chemicals International: The licence for the Wyandotte speciality chemical range from BASF Wyandotte Corporation, USA, has now been extended to include Spain and Portugal, and Brent Chemicals International's European subsidiaries now have the exclusive licence for the whole of Europe with the sole exception of Greece.

C & G investment pays off in better baby milk

Installation of a new type of spray drier at Cow & Gate's Wexford, Ireland, factory means that Premium babyfood will be easier to mix from spring next year.

The Filtermat drier, part of a £1.5m investment designed to make the babyfood plant the most up-to-date in the world, is currently undergoing its final acceptance trials, but these already show that the milk it produces will be improved both in consistency and quality.

The key difference between the Filtermat and conventional two-stage driers is that the dried product is deposited onto a moving belt instead of into a hopper. Air is passed through the web of the belt, which carries the milk powder through the drier's agglomerating, secondary drying and cooling sections; this gentle drying cycle reducing the risk of chars.

Besides Premium Babyfood the new plant will be used for manufacturing Babymilk Plus and is versatile enough to be able to process many other fat-containing products.

Cow & Gate have also enlarged the plant's laboratory so that more stringent quality standards can be applied to baby foods, and a new store has been added to enable the company to hold on site all dry materials, packing materials and finished goods.

The Wexford factory was opened in 1974, producing babyfood from whey derived from the cheese-making plant on the same site. Electrodialysis is used to produce a mineral content similar to that of breast milk. Although undertaking some export packing Wexford produces mainly bulk milk powder, which is shipped to C&G's Wincanton plant for the final stages.

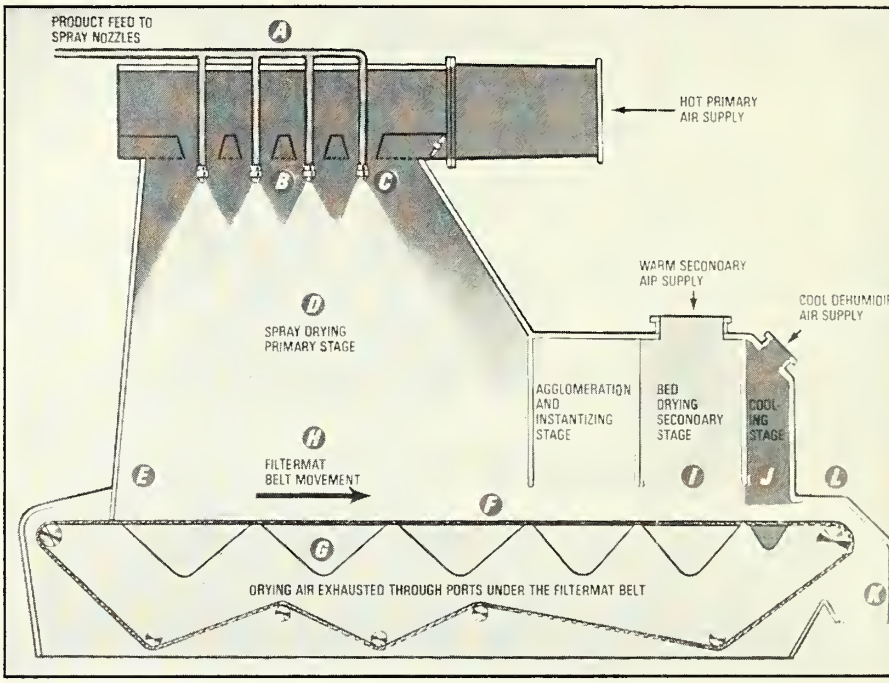


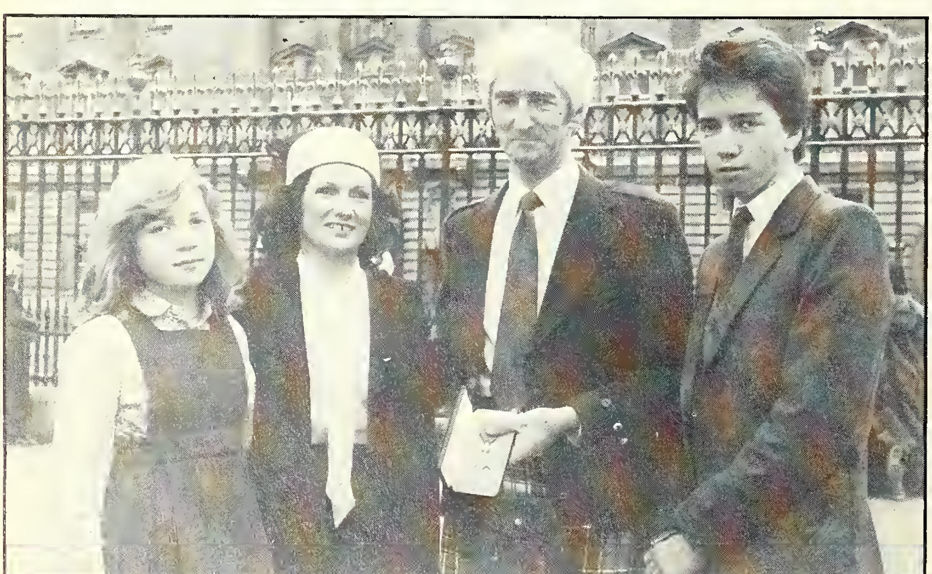
Diagram of flowchart of Filtermat drier which will make babyfood easier to mix

Chemist policy under threat

Cow & Gate are finding that their traditional support for the chemist as the major outlet for their products is "becoming increasingly untenable". The company recently warned (*C&D* Babycare supplement, October 6, p6) that in every major babyfood area pharmacies are not responding quickly enough to a growing market. Peter Greensmith, marketing manager, then said: "Trade store levels are too low to capitalise on the growth. It seems that after many years of decline the chemist trade is slow to realise how dramatically trends have changed".

Cow & Gate have found their own position in jeopardy too—for many years their milks were brand leaders, but over the past five years the declining birth rate and more aggressive marketing techniques of competitive companies eroded that position. "However, recently the new management structure and stabilising birth rate have resulted in C&G regaining the market leadership and recent research has shown Premium baby food and Cow & Gate babymeals to be the fastest growing brands in the chemist share of the babyfood market."

Mr James Bannerman, a past president of the Pharmaceutical Society, outside Buckingham Palace after receiving his OBE this week. The award was granted in the June Birthday Honours List for services to the Pharmaceutical Society. With Mr Bannerman are his wife Marjory, and his children Grant and Julie



Snap market grows

Independent chemists sell 20 per cent of all photographic equipment and 27 per cent of cameras sold in the UK today, according to a new survey published by the Economist Intelligence Unit Ltd (EIU). In the colour processing market, chemists (including Boots) hold a 50 per cent share, maintaining their position and possibly taking some business from specialist photographic dealers.

The EIU estimates consumer spending on photography at £400m for 1979 and visualises ample room for market growth "5-8 per cent annually". The real growth areas are thought to be in the 110 format, instant cameras and 35mm compacts, with automatic SLR domination in the hobbyist field.

"The UK Market for Amateur Photography" (£50) examines markets, products, manufacturers, current and future trends and is available from the EIU, Spencer House, 27 St James' Place, London SW1A 1NT.

No professional ban on tobacco sales

The Pharmaceutical Society's Council has decided not to change the Statement upon Matters of Professional Conduct to prevent pharmacies selling tobacco.

The Society's branch representatives meeting in May passed a resolution that such sales were contrary to the Statement, which said pharmacists should not supply any substance likely to be used in a manner "detrimental to health." In its interim report on the meeting, Council said it believed pharmacists should not sell tobacco and cigarettes although this was "a matter for the professional discretion of each pharmacist."

Another motion carried at the meeting sought to extend the minimum dispensing area served by a rural pharmacy to a three mile radius, but Council decided that such a move would be inappropriate at a time when the Clothier Committee recommendations were out for consultation.

Council has agreed not to cut the British Pharmaceutical Conference any further without first consulting the branches.

Shorter week won

Britain's 100,000 retail multiple food workers are the first major national group to get a shorter working week in the current round of negotiations. The Union of Shop, Distributive and Allied Workers (USDAW) has obtained an agreement to cut hours from 40 to 39 a week in November 1980 while winning a 25 per cent wage increase—15 per cent now and the rest next April.

This settlement also achieves USDAW's target of a £55 minimum weekly wage for adult workers and improved holiday entitlement. The settlement will affect such stores as Tesco, Fine Fare and Key Markets.

New Bill fights US trade laws

UK companies may soon have no need to stand in fear of receiving huge claims for damages if they fall foul of the US anti-trust laws. A new conservative measure is designed to prevent the application of American anti-trust laws extraterritorially and enable British companies to recover charges awarded in US courts.

Under existing anti-trust legislation the US exerts the right to control activities anywhere by anyone when those activities affect US commerce in general—the offering of freight rebates on transatlantic runs by European shipping companies has been questioned by the US courts. Moreover, any company falling foul of the anti-trust laws may find multiple damages filed against them.

The new Bill attempts firstly to block the effect of jurisdictional claims by restricting the supply of information or official documents to the US in anti-trust cases. Secondly it will allow British companies the right to recover through the British courts the penal element of any multiple damages awarded in the US, by seizure of the assets, exports or shares of the British subsidiary.

In this right to redress against multiple damages, the UK legislation is more aggressive than other countries which have taken largely defensive measures against the punitive US legislation. Redress is then, only possible when the US company *has* a UK subsidiary.

The "Protection of Trading Interests Bill" is likely to receive all-party backing and is set to reach the Statute Book by the end of the year.

Chemists 'canteens' for addicts

Chemists are now such a regular source—through break-ins—of barbiturates and other drugs that some addicts call them "canteens", it was stated in a BBC-2 "Man Alive" programme on Tuesday, a follow-up to an earlier report on drug addiction.

Nottingham pharmacist, Mr Bob Onley told the presenter that he had suffered 12-15 break-ins over the years—despite sophisticated electrical alarms and a Controlled Drugs cabinet—and in his town there were over 100 break-ins last year. Asked about further possible security precautions, Mr Onley said it was a question of who would pay, adding "There's not a lot more we could be expected to do—unless we sit here with a shotgun all day!"

MARKET NEWS

More chemicals up

London, November 7: It is now all-too-obvious that the relatively stable price climate that existed for pharmaceutical chemicals around this time last year is not being repeated in 1979. Last week's report showed a large number of increases and further items are affected this week. Most of the iron salts are dearer by between 5p and 25p kg; iodoform is up by £2.50 and at the lower end of the scale sodium sulphite by one penny. Benzoic acid, potassium acetate and sodium benzoate have been ranked up while phosphoric acid goes up by £10 metric ton on November 12.

Among essential oils the Sicilian oils lemon and bergamot are very firm. News of the next bergamot crop is expected this month and there will be no carry-over stocks from 1978-79. American peppermint is firmer on reports that the 1979 crop is not as big as forecast.

With the pound falling again during the week some imported oils and botanicals had their prices adjusted upwards. The new rates for those items (too numerous to mention here) affected are given below.

Pharmaceutical chemicals

Aluminium chloride: Pure crystals in 50-kg lots £1.23 kg.
Benzoic acid: BP in 500-kg lots, £0.8801 kg.
Ferric ammonium citrate: Brown BP £1.70 kg in 400-kg lots minimum.
Ferrous carbonate: BPC 1959 saccharated £1.50 kg in minimum £500 lots.
Ferric citrate: £5 kg in minimum £500-kg lots.
Ferrous fumarate: BP £1.40 kg in 500-kg lots minimum.
Ferrous gluconate: £2,060 per metric ton.
Ferrous succinate: BP £6 kg in 100-kg lots.
Ferrous sulphate: BP/EP small crystals £700 metric ton; dried £700 metric ton.
Glucose: (Per metric ton in 10-ton lots)—monohydrate £250 anhydrous £550; liquid 43° Baume £234 (5-drum lots); naked 18-tons £187.
Glycerin: In 250 kg returnable drums £745 metric ton in 5-ton lots; £750 in 2-ton lots.
Iodine: Resublimed £7.48 kg in 250-kg lots; crude £4.90 kg in 1-ton lots.
Iodoform: USNF £15 kg in 50-kg lots.
Phosphoric acid: BP sg 1,750 £0.4521 kg in 30 drum lots minimum.
Potassium acetate: BPC £1 kg for minimum £500 order.
Potassium ammonium tartrate: £2.24 kg in 50-kg lots.
Potassium bitartrate: £1,090 per metric ton.
Potassium citrate: Granular £1,005 per metric ton, powder £1,025; mono, anhydrous £862.
Potassium diphosphate: BPC 1949 in 50-kg lots. granular £2.15 kg; powder £1.88.
Potassium hydroxide: Pellets BP 1963 in 50-kg lots £1,379 kg; sticks not offered; technical flakes £0.4577.
Potassium nitrate: Recrystallised £1.05 kg for 50-kg drums.
Potassium phosphate: monobasic BPC 1949, £1.30 kg in 50-kg lots.
Potassium sodium tartrate: £887 per metric ton.
Physostigmine: Salicylate £2.48 per g; sulphate £3.37 in 100-g lots.
Pilocarpine: Hydrochloride £328 per kg; nitrate £92 kg for 10-kg.
Sodium acetate: BP crystals £0.94 kg in 50-kg.
Sodium acid phosphate: BP crystals £1.19-£1.34 kg as to source for 50-kg lots.
Sodium benzoate: £0.6664 kg 500 kg lots.
Sodium bicarbonate: BP from £121.24 metric ton as to grade in minimum. 10-ton lots delivered UK.
Sodium citrate: Granular £838 metric ton; powder £858. Five-ton contracts £834 for granular—all in lined bags.
Sodium sulphite: Crystals £0.1750 kg (500 kg minimum).
Talc: BPC sterilised £585 metric ton in 50-kg £351 for 1,000 kg lots.
Zinc chloride: Anhydrous powder £450 metric ton, delivered U.K.

Crude drugs

Agar: Spanish/Portuguese £7.30 kg nominal.
Aloes: Cape £1,065 ton spot; £1,055, cif, Curacao nominally £2,335, cif. no spot.
Balsams: (kg) Canada £12.70 on the spot; shipment dearer at £12.45, cif. **Copaiba** £3.20 spot £3, cif. **Peru** £9.60 spot; £9.70 cif. **Tolu:** £6.10 spot.
Belladonna: (kg cif) herb £1.41; leaves £2.25 root no offers.
Benzoin: £200 cwt, cif.
Buchu: Leaves unquoted.
Camphor: Natural powder unavailable on spot or cif. Synthetic 99% £1.35 spot; 94% £1.15.
Cascara: £1,160 metric ton spot; £1,015, cif.
Cardamoms: Alleppy green No. 2 £9 kg, cif.
Cherry bark: Spot £1,125 metric ton; shipment £1,040, cif.
Cinnamon: Seychelles bark £480 metric ton spot: £400, cif. Ceylon quills 4 o's £0.57½lb, featherings £0.18¾ lb both, cif.
Cloves: Madagascar/Zanzibar £4,160 metric ton spot; £3,900, cif.
Cochineal: Tenerife black brilliant spot £17.25 kg, cif. Peru silver grey £14.85 spot; £14.40 cif.
Gentian root: £1,850 metric ton spot; £1,785, cif.
Jalop: Mexican 15% £2,440 metric ton cif.
Kola nuts: £485 metric ton spot; £430, cif.
Menthol: (kg) Brazilian £6 spot; £5.80 cif. Chinese £6.20 duty paid £5.65, cif.
Seeds: (metric ton, cif) **Anise:** China £830 for shipment. **Celery:** Indian £455. **Coriander:** Moroccan £210. **Cumin:** Indian £7.10; Iranian £825. **Fennel:** Indian £440. **Fenugreek:** Moroccan £310 Indian £240.
Senega: Canadian £10.30 kg spot; £9.05, cif.
Senna (kg) spot Alexandria pods hand-picked from £2 upwards; manufacturing £0.55. Tinnevelly faq leaves £0.46; pods, faq £0.46; hand-picked £0.55,
Squill: Indian white £340 metric ton, cif.
Tonquin beans: Para £3.65 kg spot; £3.30, cif.
Styrax: Turkish natural £5.60 kg spot; £5.60, cif. nominal.
Turmeric: Madras finger £575 metric ton spot; £470, cif.
Valerian: Dutch £1,885 metric ton spot; £1,810, cif Indian £1,215 spot; £1,185, cif.
Witchhazel leaves: £2.25 kg spot; £2, cif; liquid £0.47 kg.

Essential and expressed oils

Almond: Sweet in 1-ton lots £1.65 kg duty paid
Anise: (kg) Spot £13.70; shipment £13.25, cif.
Bay: West Indian £11 kg spot; £10.75, cif.
Bergamot: £55 kg spot.
Bois de rose: Spot £7.25 kg; shipment £7, cif
Buchu: South African £120 per kg spot; English distilled £180.
Cade: Spanish £1.30 kg spot.
Cananga: Indonesia £16.50 kg spot; £16.45, cif.
Camphor: White £0.85 kg spot; £0.86, cif.
Cardamom: English-distilled £220 kg.
Cassia: No spot or cif.
Cedarwood: Chinese £1.25 kg spot; £1.20, cif.
Cinnamon: Ceylon leaf £2.60 kg spot; and cif. bark. English-distilled £155.
Citronella: Ceylon £4 kg spot; £3.20, cif. Chinese £4 kg spot; £4.10, cif.
Clove: Indonesian leaf. £2.20 kg spot; shipment £1.80, cif. English distilled bud £44.
Eucalyptus: Chinese £1.75 kg spot; £1.89, cif.
Fennel: Spanish sweet about £8.50 kg spot.
Geranium: Bourbon £43.50 kg spot; £41.25, cif.
Ginger: Chinese £41 kg spot; £38.85, cif. English distilled £105.
Lavender spike: £15.50 kg spot.
Lemon: Sicilian best grades about £20 kg in drum lots.
Lemongrass: Cochin £5 kg spot; £4.70, cif.
Lime: West Indian £13.50 kg spot.
Mandarin: Old crop £23 kg spot.
Nutmeg: East Indian £9.60 kg spot; £9.10, cif. English-distilled £18.
Olive: Spanish £1,340 per metric ton in 200-kg drums ex wharf; Mediterranean origin £1,360.
Orange: Florida spot £0.65 kg asked; £0.85, cif. Brazilian £0.60, cif.
Origanum: Spanish 70 per cent £19.50 kg.
Palmarosa: Spot £16 kg; £15.40, cif.
Patchouli: Chinese £20.35 kg spot and cif.
Pennyroyal: From £7.50 per kg spot.
Pepper: English-distilled ex black £140 kg.
Peppermint: (kg) Arvensis—Brazilian £4.65 spot; £4.70, cif. Chinese £3.45 spot; £3.30, cif. Piperata American from £14.25 spot; £14, cif.
Petitgrain: Paraguay £7.75 kg spot; £7.35, cif.
Rosemary: Moroccan £6.80 kg spot.
Sassafras: Brazilian £2 kg spot; £1.75, cif.
Sandalwood: Mysore £60 kg spot; East Indian £52.50 spot.
Spearmint: Chinese £10 kg spot; £9.20, cif.
Thyme: Red 50-50% £23 kg spot; nominal.
Vetivert: Chinese £17 kg spot; and cif, Java £16.50 spot and cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Monday, November 12

Nottingham Branch, Pharmaceutical Society, City Hospital, postgraduate medical centre, Hucknall Road, Nottingham, at 8 pm. Dr C. Marriot on "Mucus—the thick and thin of it."

Harrow and Hillingdon Branch, Pharmaceutical Society, Northwick Park Hospital clinical centre, Watford Road, Harrow, at 7.30 pm. Dr Webber (senior medical officer, Committee on Safety of Medicines) on "Iatrogenic diseases". Also discussions of motions for branch representatives meeting 1980.

Epsom Branch, Pharmaceutical Society, Seminar room, Epsom District Hospital, at 7.45 pm. Dr Alan Goodspeed (Glaxo Laboratories) on "The rational use of antibiotics." Buffet courtesy of Glaxo.

Stockport Branch, Pharmaceutical Society, Ashton postgraduate medical centre, at 8 pm. Films—"Journey into darkness" and "Commerce."

Tuesday, November 13

Brighton and Hove Branch, National Pharmaceutical Association, Langford's Hotel, Third Avenue, Hove, at 8 pm. Mr David Walker (management services director, Unichem) on "Computer developments in retail pharmacy".

Lanarkshire Branch, Pharmaceutical Society, Old dining room, Redstones Hotel, Glasgow Road, Uddington, at 8 pm Dr G. Leslie (former consultant at Stonehouse Hospital) on "Diagnosis of common skin diseases."

North Metropolitan Branch, National Pharmaceutical Association, Whittington Hospital, postgraduate academic centre, at 7.30 pm. Mr T. Astill (deputy secretary, NPA) on "Product liability."

South-east and South-west Metropolitan Branches, Pharmaceutical Society, Robens suite, Guy's Hospital Tower, London SE1, at 7.30 pm. Working dinner with guest speaker Mr David Sharpe, president of the Pharmaceutical Society.

Croydon Branch, Galen Group, Friends' Meeting House, Park Lane, Croydon, at 8 pm. Miss L. M. Hosegood on "Famous pictures".

Stirling and Central Scottish Branch, Pharmaceutical Society, Station Hotel, Stirling, at 8 pm. "Ostomy care"—a guide to appliances and their use courtesy of Abbott Laboratories.

Wednesday, November 14

East Anglian Regional Health Authority, Addenbrooke's Hospital pharmacology lecture room, Hills Road, Cambridge, at 8 pm. Dr B. Callingham on "Recent advances in the pharmacology of the heart".

Croydon Branch, Pharmaceutical Society, Greyhound Hotel, Park Lane, Croydon, at 8 pm. Annual dinner and dance with principal guest Mr E. Thompson (secretary, Surrey Pharmaceutical Committee).

Liverpool Branch, Pharmaceutical Society and **Liverpool Chemists' Association** with **Liverpool Guild of Hospital Pharmacists,** Small lecture theatre, Duncan Building, Royal Liverpool Hospital, Prescot Street, Liverpool 7, at 7.30 pm. Mr Noel Preston (reader in the Department of Bacteriology and Virology, University of Manchester) on "Vaccination and immunisation".

Blackpool Branch, Pharmaceutical Society, Cliffs Hotel, Blackpool, at 7.30 pm. President's evening dinner and dance. (Tickets £6.20 available from the secretary).

Barnsley Branch, National Pharmaceutical Association, King George Hotel, Peel Street, Barnsley, at 8 pm. Mr Donald Ross (member PSNC) on "The interim report of the independent panel". Rotherham Branch members welcome.

Thursday, November 15

Bristol Branch, Pharmaceutical Society, Edward Jenner Centre, Bristol Royal Infirmary, at 7.30 pm. Mr Adrian W. Pearce (senior officer, HM Customs and Excise) on "All in a day's work".

Mid-Glamorgan Branch, Pharmaceutical Association, Hawthorn Leisure Centre, Fairfield Lane, Rhydyfelin, Pontypridd, at 8 pm. Mrs M. Rawlings on "The workings of the PSNC".

Lancaster and Morecambe Branch, Pharmaceutical Society, Medical centre, Ashton Road, Lancaster, at 7.45 pm. A film evening including "Aspirin today", "Haematinics" and "Zaditen".

Worthing and West Sussex Branch, Pharmaceutical Society, Worthing postgraduate medical centre, Homefield Road, Worthing, at 7.30 pm. Dr N. Capstick on "Psychiatric problems in the elderly".

Plymouth Branch, Pharmaceutical Society, Tamar Hotel, Crownhill, Plymouth, at 8 pm. Wine tasting evening courtesy of Hall Garten and Fernley Wallis Ltd.

Bedfordshire Branch, Pharmaceutical Society, Bird in Hand, Henlow Camp Crossroads, at 8 pm. Professor S. S. Davis (Head of pharmacy department, Nottingham University) on "Asian medicines and alternative systems of health care".

Crawley Branch, Pharmaceutical Society, Queen Victoria Hospital, East Grinstead, Sussex, at 7.30 pm. Dr Colin Lazarus on "Radio pharmaceuticals in current practice".

Northumbrian Branch, Pharmaceutical Society, Dobson Suite, Royal Station Hotel, Neville Street, Newcastle, at 7.30 pm. Mr E. P. Oliver on "A friend's view of Beamish".

Advance Information

International Conference on Pharmaceutical Technology and Product Manufacture, December 11-13, Sheraton-Copenhagen, Denmark. Fee (Dkr 2,300) includes documentation, lunch and light refreshments but not accommodation. Further details from Powder Advisory Centre, PO Box 78, London NW11 0PG.

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X3—LIVERPOOL—Housing estate business on outskirts of town. Turnover to April 1979, £63,400, 28.7 per cent gross profit. Dispensing 1,700 scripts per month. Not dependent on any local doctor. Property on lease/rent £750 per annum. Price, goodwill and fixtures £1,500 plus stock approx. £9,000 (could be adjusted).

X4 — LANCASHIRE — Drug store for sale. Turnover, 1979, over £30,000 per annum. Should run well as pharmacy. Living accommodation includes two bedrooms, bathroom and living room. Price £4,000 for goodwill and fixtures and stock £5,000 at valuation.

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If you would like to discuss the prospects with us, send details of your progress to date and current salary to:-

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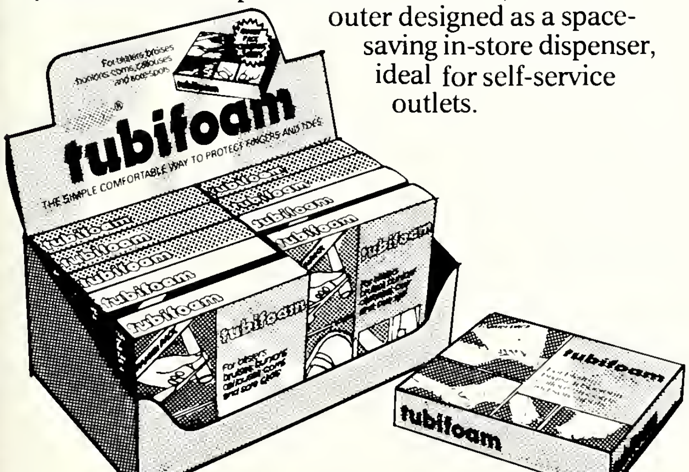

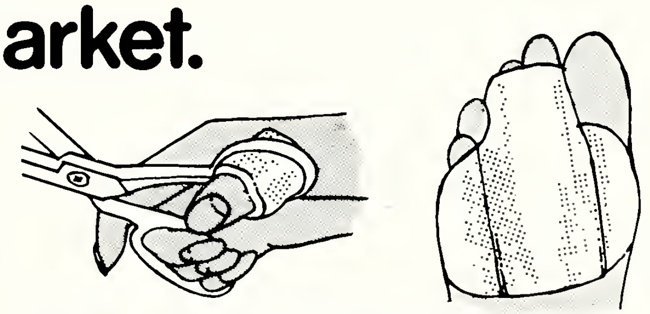

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